

Bound
Periodical 447031

Kansas City Public Library



This Volume is for
REFERENCE USE ONLY

PUBLIC LIBRARY
KANSAS CITY
MO

From the collection of the

o P^{z n m}re^afinger
v L^aibrary
t p

San Francisco, California
2007

YFABU 01000
YF10 20200
ON

Journal
of
Social Hygiene

VOLUME X

1924

PUBLISHED MONTHLY EXCEPT JULY, AUGUST, AND SEPTEMBER
AT ALBANY, NEW YORK, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL AND GENERAL OFFICES
370 SEVENTH AVENUE, NEW YORK, N. Y.

MAR 27 1925
VIO 24000
00

Copyright 1924, by
The American Social Hygiene Association, Inc.

Bound
Periodical

447034

MAR 27 1925

Digitized by the Internet Archive
in 2007 with funding from
Microsoft Corporation



EDWARD L. KEYES

Journal of Social Hygiene

VOL. X

JANUARY, 1924

NO. 1

EDWARD L. KEYES, M.D.

Dr. Edward L. Keyes was elected president of the American Social Hygiene Association, succeeding Dr. Hermann M. Biggs, deceased, at the annual business meeting of the Association which was held at national headquarters on October 26, 1923. Dr. Keyes has been identified with the social-hygiene movement for many years. In scientific and educational circles his name has long been an outstanding one, the medical works of both Dr. Keyes and his father, Dr. Edward Lawrence Keyes, being considered standard authority in the urological field. For the past twelve years Dr. Keyes has been Professor of Urology in Cornell University Medical School.

At the outbreak of the World War he enlisted and was assigned to direct Base Hospital No. 1, being relieved for special duty in organizing the venereal-disease program and later as consultant in urology, A. E. F. During this service he was promoted to a colonelcy, a rank he now holds in the Reserve Corps. Among the many distinctions accorded him have been the presidency of the American Urological Association, presidency, American Association of Genito-Urinary Surgeons, vice-presidency, New York Academy of Medicine,

and presidency of the Society of Sanitary and Moral Prophylaxis.

A continuance of the marked and steady progress of the social-hygiene movement in the United States which was made under the leadership and administration of Dr. Charles W. Eliot, Dr. Abram W. Harris, Dr. William H. Welch, and Dr. Hermann M. Biggs, the Association's previous presidents, is assured through the election of Dr. Keyes to this office.

THE ESTABLISHED POINTS IN SOCIAL HYGIENE EDUCATION, 1905-1924 *

MAURICE A. BIGELOW

Teachers College, Columbia University

INTRODUCTION.—Since social hygiene in America includes all aspects of human health or well-being or welfare which is in any way affected by the vast meanings of sex, it follows that social-hygiene education, or the educational division of social hygiene, is simply the larger sex education.

We are closing the second decade in the story of the organization and development of American social-hygiene education. In its record of progress it is, in many respects, a remarkable story. To some of us who attended the first meetings, directed by the late Dr. Prince A. Morrow, it seems that social-hygiene education has gone over a very long road, which at first was narrow and crooked and uncertain, but gradually has become a straight and wide and fixed highway with permanent guide posts. It is these established posts which I am going to point out to-day. My purpose is, first, to try to encourage and inspire those who have followed social hygiene part or all of its way; and, second, to interest some people who have not learned that many things in this special phase of education

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 6, 1923.

are now as fixed and definite as anything in the regular lines of education.

It seems to me most impressive if we outline the established facts and principles and demonstrated results of sex education as "points," of which there are more than "the famous fourteen."

POINT No. 1.—The scope of American social hygiene has been determined. In the broadest and European sense, social hygiene is concerned with all aspects of social health or welfare of social groups, such as, family, community, and nation, but this field overlaps much of the organized sciences of sociology and general hygiene. The American movement has limited the term to those social-health problems which, directly and indirectly, have grown out of the sex instinct. These problems are open to attack along four promising lines: educational, recreational, legal, medical. This paper is concerned only with the educational problems of social hygiene.

POINT No. 2.—The general aim of American social hygiene is the best possible development of all physical, psychical, and social aspects of life as it is in any way determined or influenced by the sex instinct and its resulting traditions and associations.

POINT No. 3.—Social-hygiene education and sex education are *not* names proposed for new courses of study for schools or colleges. These are simply convenient headings under which educators are organizing and directing research and teaching which contribute to the general aim of social hygiene.

POINT No. 4.—Social-hygiene education or sex education is now understood to mean all educational measures which in any way may help young people prepare to meet the problems of life that have their center in the sex instinct and inevitably come in some form into the experience of every normal human being. These problems extend over a vast range of life's experiences from simple little matters of personal sex health to the exceedingly complicated physical and social and psychical problems that concern successful marriage and family relationships.

POINT No. 5.—There should be no sex courses. It is not desirable that any parts or courses of the curricula for schools and regular colleges should be known to the students and to the public as “sex” studies. On the contrary, such terms as “social hygiene” and “sex education” should be used only to indicate to teachers and parents that definite parts of the education of young people are being directed towards a healthy, natural, and wholesome relation to life as it is affected by sex. For the purpose of training workers for social hygiene, there should be special courses in profession schools of education, medicine, theology, and social work.

POINT No. 6.—Sex education in schools should be presented through other subjects or courses. Since sex education is but a phase of health education and character education, most instruction and guidance intended for the building up of wholesome attitudes and habits and ideals regarding sex should be developed as integral parts of the general educational program. The facts of life which directly or indirectly concern sex should not be taken from their normal settings and organized into separate courses of study known as “social hygiene” or “sex education.” On the contrary, the subject matter and regular courses in biological and social sciences, physical education and hygiene, household arts or home-making, general literature, and psychology offer many natural situations for dealing with fundamental facts and problems of sex.

POINT No. 7.—Social-hygiene education has given thousands of people a general understanding of certain important biological and psychological facts concerning the sex instinct and its relation to human life. Biology has taught: (a) that reproduction is necessary for perpetuation of organic species, because living matter exists only in the form of individuals, each of which has a limited duration of life; and (b) that sex organization and instinct are simply nature’s mechanisms for bi-parental reproduction with its resulting infinitude of individual variations. Biological science as a great contributor to social-hygiene education has been teaching these fundamental

facts of material life which lead to psychological elements that are more significant in human affairs. Out of the original plan for double parentage of new individual bearers of the spark of living substance, there has developed through the ages of human life psychical or spiritual love with all its splendid possibilities as found in ideal family life. In other words, out of the material or physical aspects of reproduction have evolved or developed the possibilities of the conjugal affection of the parents for each other and parental affection for the offspring. Moreover, sex has led upward to social and intellectual comradeship of men and women who meet on terms practically independent of the biological meanings.

Such is the grandeur in the accepted biologic and psychological interpretation of sex and its controlling instinct. Social-hygiene education may justly claim to have pushed this interpretation to the attention of millions of intelligent people with the result that the sex factor or element in human life, especially in its relations to parenthood, marriage, the home, and the family, is rapidly gaining a dignified place among other topics of intense human interest. This bringing of sex out of the shadows of secrecy and degradation is probably the greatest and most helpful accomplishment of the social-hygiene movement up to date.

POINT No. 8.—The biological and psychological divisions of social-hygiene education are teaching definitely that human sexual control or management must be on the basis of intelligent choice, because there is no basis for instinctive control, as in the higher animals. This means the greatest task of human life, for there must be voluntary control of driving, instinctive impulses or desires which are intensified by massed memory associations and by numerous environmental stimuli or temptations. These are exclusively human problems.

Since human beings are by nature left to control or manage their most powerful appetite solely by intelligent choice, it is evident that the old policy, based on silence, ignorance, and mystery, was sure to fail. The only safe and sure road to the

needed control of sexual actions is to be found in knowledge: (a) of the reasons why control is best for the individual and for society; and (b) of the ways and means for control of sexual conduct.

POINT No. 9.—Social-hygiene education aims to provide a basis for the necessary intelligent choice by educationally developing many controls of conduct, some of which are: respect for public opinion; the feeling of modesty; knowledge of legal, social, or medical consequences; conscience or feeling of obligation; emulation of attractive personal examples; fine and appropriate reticence instead of the older false modesty and shame or the new vulgar frankness; high respect for womanhood and manhood; habits of chastity; knowledge of the general relations of sex and life; physical and mental recreation, not as sublimation but as substitution for sex interests; the probable rewards of self-control in youth; literature which portrays romantic love at its highest level. All these and many more are recognized as of value in control of conduct.

POINT No. 10.—It is generally agreed there are great tasks or aims for sex education that attempt to make the best possible social adjustment of the sex potentialities of human life. These are as follows: (1) Developing an open-minded, serious, scientific, and respectful attitude towards all problems of human life which relate to sex. (2) Giving that knowledge of personal sex hygiene which makes for the healthful and efficient life of the individual. (3) Developing personal responsibility regarding the social, ethical, psychical, and eugenic aspects of sex as affecting the individual life in its relation to other individuals of the present and future generations—in short, the problems of sexual instinct and actions in relation to society. (4) Teaching very briefly to young people, during later adolescence, only the essential hygienic, social, and eugenic facts regarding the destructive venereal diseases.

POINT No. 11.—It is now recognized that the problems of life centering in the sexual instinct fall into two groups:

A. Problems relating to developing the greatest good that may come from sex. Two examples are: (1) Wholesome, optimistic, esthetic, and scientific mental life or attitude towards sex; (2) healthy, happy marriage and parenthood.

B. Problems relating to preventing or curing the common evil results of uncontrolled or mismanaged sex life, of which there are eight groups, namely: (1) Personal ill health, (2) illegitimacy, (3) promiscuity, (4) sexual immorality, (5) sexual vulgarity, (6) unsuccessful marriage, (7) uneugenic parenthood, (8) sex-social or venereal diseases.

POINT No. 12.—Social-hygiene education has already accomplished much looking towards pragmatic solution of the problems recognized under Point No. 11: (1) Personal sex health of thousands has improved; (2) illegitimacy is being hopefully attacked; (3) prostitution is decidedly under cover; (4) moral standards and conditions are surely gaining ground; (5) vulgarity has almost gone out of fashion, and a wholesome and esthetic attitude has become common; (6) marriage of tens of thousands is becoming more and more successful and gives us hope that specially directed education will reduce divorce to its desirable minimum; (7) common sense eugenics is being applied in numerous families; and finally (8) social-hygiene education has proved its sanitary value to society, for as the late Dr. Morrow predicted, widespread education concerning the medical phase of social hygiene has already led a long way towards ultimate control of the venereal diseases.

POINT No. 13.—The accumulated evidence indicates that parents cannot know their young children are safely protected against vulgar first lessons concerning sex. Most children are almost certain to get more or less sexual information not later than the early adolescent years, and usually from unreliable and vulgar sources. Even morals may become corrupted and health irreparably injured several years before puberty. The

only sure pathway to health, wholesome attitude, and good conduct is in instructing children gradually as the problems of sex come to the attention of the individual child.

POINT No. 14.—Sex education is a combination of phases of character education and health education, and hence, cannot be accomplished at any one time. It must be a progressive process of hygienic care, guidance, instruction, and example. This places upon the home the chief responsibility for direct sex education of children during the pre-adolescent years. Therefore, parents and others dealing with children should be helped by printed matter, lectures, and conferences to prepare themselves for guiding and instructing their young children in respect to sex.

POINT No. 15.—Sex instruction should not be concentrated in a short period of early adolescence, because it is impossible to exert the most desirable influence upon health, attitude, and moral character except by such instruction as nature-study and health teaching, beginning in early childhood and graded for each period of life up to maturity.

POINT No. 16.—The earliest instruction that looks towards social-hygiene education is nature-study and biology. The life-histories of plants and animals, as taught in the best nature-study and biology of our schools, are important in forming attitudes towards sex and reproduction and in giving a basis for simple and truthful answers to children's questions as to the origin of the individual human life. It is not claimed that biological studies can possibly have a direct moral value. They give a natural basis for later approach to human problems. In fact, it is only by frankly recognizing and developing the psychical and social and esthetic meanings of sex that are distinctly human and superadded to the merely propagative function of the animals, that people can be led far away from the almost universal secrecy, disrespect, vulgarity, and irreverence concerning every aspect of sex in human life. Sex instincts and processes are essentially pure

and beautiful phases of that wonderful something we call "life." Sex education should aim to give the esthetic attitude by presenting life as fundamentally free from the degradation arising from the common misuse and misunderstanding of the sexual nature.

POINT No. 17.—In stressing the ultra-importance of moral and esthetic attitudes as controlling conduct, we must recognize the indirect value of general literature in which there is much that teaches important lessons in the field of social-hygiene education. In the guise of love and romance, sex problems have always held the prominent place in literature. Many there are among the believers in the larger sex education who feel sure that young people's greatest safety and possibility of development lie in having high ideals of affection and of womanhood and manhood. Standard English literature is very helpful in developing such ideals.

POINT No. 18.—It is established beyond question that abnormality and immorality in sexual lines should not be stressed when teaching young people. Rather should there be emphasis on the moral, the normal, the healthful, the helpful, and the esthetic aspects of the sexual processes in human life. Extensive knowledge of vice or sexual aberrancy is not helpful to any individual who is not a specialist in the medical or legal phases of social hygiene. Popularized sexual psychiatry, psychopathia sexualis and psycho-analysis have done an enormous amount of physical, mental and moral damage to young people.

POINT No. 19.—The time has come for social-hygiene education to stress sex ethics or moral standards on a pragmatic basis. We need the guiding principles of conduct which in each stage of human progress work best. We must not overlook the possibility that the marvelous progress of sanitary and medical science may some day control the health problems of sex without improving morality. While sex education was first planned to solve the health problems, the ultimate sex education must attempt to guide sexual conduct by moral prin-

ciples. In short, the future teaching of rational sex ethics must show young people the advantages of moral relations of the sexes which society at its highest development approves. Individualism in sex relations means chaos. Since sex normally involves at least two individuals and since society means a group of two or more individuals, it follows that the great sex problems are social problems and must be solved with reference to the best interests of social groups—the family, the community and the race.

POINT No. 20.—Social-hygiene education is not a universal solution for the problems of sex. It solves all the problems for many people and does great good for others. We must remember that general education fails with many people. Why, then, should we expect education to solve all the sex problems for all people? Again I emphasize the statement that the one essential task of sex education in its broadest outlook is to guide natural human beings to recognition and choice and development of the greatest good in the sexual sphere of life. It can do no more than give the individual a basis for intelligent choice between good and evil; but here, as in all other upward movements of human life, the decision must depend upon a clear and positive recognition of the advantages of the good as contrasted with the evil. Sex education, like all other education, strives towards ideals that individuals and society may always continue to approach, but will never reach in the ever-advancing improvement of sexual conditions in individual as well as in social life.

POINT No. 21.—This is the last and, in importance, first of the established “points.” Social-hygiene education stands for the protection, preservation, extension, improvement, and development of the monogamic family, based on accepted ethical ideals. The American sex-education movement, as stated before, aims to educate young people to control and manage the sex instinct for the purpose of securing the greatest social, which includes individual, health and happiness. The monogamic ideal of morality or sex relationship stands

for a great good available in our life. Monogamic idealism or supermorality is the greatest good within our present vision, for it means the fullest development of the possibilities of friendship and affection, which in human life have been superadded to the biological reproduction of the highest animals. In short, the whole American sex-education movement, as distinguished from certain mere sex-information or sex-hygiene campaigns, centers in the greatest good or well-being which may come to individuals and society from sex life culminating in affection as the basis for the monogamic family.

CONCLUSION.—We have reviewed 21 “points” concerning the aims and the demonstrated results of social-hygiene education as it now stands after nearly 20 years of honest trial. We believe these points to be firmly established and the accepted guides for social-hygiene education as its leaders are now planning its future progress. Twenty years of study and trial have developed the fundamental principles and ideals of social-hygiene education. The next task is to make its ever-necessary lessons available to all young people of the generations that are to come.

SOCIAL WORK AND SOCIAL HYGIENE*

GEORGE B. MANGOLD, PH.D.

Director, Missouri School of Social Economy, St. Louis, Mo.

Social hygiene has become an important phase of social work. It has long been known that sex life in its abnormal and unauthorized expressions is at the root of much evil. Modern social work must recognize these manifestations of evil and carefully study their implications. It must go further and reconstruct modern case work so that the essential features of a social-hygiene program as applied to individuals may be worked out.

The importance of this is evident when a few of the facts relating to our social problems are presented. In certain fields of social work the problem of sex life is constantly encountered. This fact is, of course, true in respect to the unmarried mother, the delinquent girl, and the immoral woman. In our large cities from three to four per cent of all births are illegitimate. Usually, the great majority of these births occur in our municipal and philanthropic hospitals and institutions. These agencies may or may not attempt to carry out some program of social service for the unfortunate woman and her child. Practically one half of the women are under twenty-one, but how much is known about their mentality and previous environment? A broader basis of understanding is necessary in order to direct wisely those coming under the care of the medical social-service worker or the child-welfare agent dealing with such women. It is also well known that the majority of delinquent girls coming into our juvenile courts are sexually immoral, regardless of the particular charge filed against them on their coming into court. Frequently the charge is merely a cloak to shield them from an inquisitive public. Such tenderness is not exhibited in the case of the delinquent woman whose offense is not camouflaged and who must suffer from the impu-

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 6, 1923.

tations that are made. Social workers are quite well acquainted with these types of problems and know the importance of sex life in bringing them about.

The need in connection with the equipment of the family social worker has not been so generally recognized, a fact no doubt largely due to lack of knowledge in respect to the importance that sex life plays in the breakdown of family life and in creating the problems which the average charity organization society must attempt to solve. In order that light may be thrown on this situation, a short study was made of one hundred cases of families for whom intensive treatment was required and given by the St. Louis Provident Association.¹ All cases which involved merely minor services were excluded from the study because of the casual nature of the problem. The cases which are included, therefore, number but a small proportion of the total handled within a given year, but they should be typical of all the cases requiring prolonged and intensive treatment. A study of these families reveals the situation in respect to the existence of what might be called the social-hygiene factors, and which include social diseases of various kinds, immorality, sex incompatibility between husband and wife, and forms of sex delinquency among children.

It should be noted that the chief problems as they appear among these one hundred families are as follows:

Chief Problem	No. of Families
Unemployment	24
Inadequate income	20
Social-hygiene problems	16
Sex incompatibility	10
Social disease	3
Immorality	3
Desertion and non-support	20
Health problems	9
Miscellaneous	11

 100

¹ Miss Agnes D. Drummond, of the Research Department of the St. Louis Provident Association, made the analysis of the one hundred case records taken from the files of that organization, from which data are presented in this report.

It will be noticed that the various social-hygiene problems represent 16 per cent of the cases and rank fourth in the order of importance among the causes. If their influence stopped at this point, the matter might not be regarded as relatively serious. However, in a very large number of cases they were contributing factors of no mean importance. As far as it was possible to obtain the information, it appears that they were contributing factors in at least forty-five or nearly one half of the total number of cases. In obtaining this figure, the various instances of large families were not included unless attended by some evidence of sex delinquency. In the case of some families it appears that one form of sex life constituted the chief problem and some other form was contributory; therefore, it seemed wise to attempt to determine in what proportions of all cases abnormal sex life or its pathological manifestations were factors contributing in some way or other to the disruption of the family or to the culmination of the situation which required the intervention of the social agency. It was discovered that in at least sixty-one of the one hundred families these influences operated in some way as a factor and menaced the peace of the family; brought problems connected with the care of the children; or reduced the family to such conditions of living either in respect to poverty, or to health, that social-service work became necessary.

An attempt was made to discover to what extent venereal disease prevailed among husbands and wives comprising these one hundred families. Every social worker, of course, knows that it was not possible to obtain these facts with the desired degree of exactness. As a consequence, the figures given here are not presented with the thought that they constitute the definite proportion applicable to similar types of cases either in St. Louis or elsewhere. They are given merely to show what was actually discovered, and to point out the importance of sex life as a factor in the given situations. Probably they are an understatement of the facts, and the true proportions would be still larger. The records show

that in at least twenty-one instances the man is, or has been, afflicted with syphilis and that in seventeen cases the woman suffered in a similar way. Furthermore, in about one sixth of the total number of men and women involved, the information was of doubtful character and in many cases, no doubt, a more intensive study of the individual would have revealed a record of disease. But few cases of other venereal diseases were recorded—an indication that the existence of gonorrhea, either as a present or past affliction, was not considered a matter of great significance in connection with the development of the problem. Nevertheless, the importance of the various venereal diseases indicate the need of considering their influence on the situation.

The amount of immorality is usually far in excess of the actual amount of venereal disease. Again, the records must not be considered as conclusive; nevertheless, in the cases of fifty-one men or more than one half of the total number, and in the cases of forty women—a slightly smaller proportion—a record of immorality was disclosed. These facts seem to indicate that the groups studied were not seriously troubled with the double standard of morals. The standard, in fact, seemed to be quite uniform in character. However, in a number of cases the problem was distinctly one-sided, and either the man or the woman was much better than the partner in life. Furthermore, in many instances, the various types of immorality produced conflicts between husbands and wives and resulted in those phases of sex incompatibility which are at the root of so many disrupted homes. In nearly one half of the cases serious incompatibility had clearly involved the situation.

Living under such precarious moral conditions and leading so abnormal a sex life, the parents of young children frequently demoralize boys or girls with a result that in at least sixteen of these families some form of juvenile delinquency or immorality appeared. In all but two of these some of the daughters became or were immoral and in nine instances there were delinquent boys.

An attempt was also made to relate the sex life of the family to the outstanding problem discovered, with results such as those indicated in the following table:

RELATION BETWEEN CHIEF PROBLEM AND SEX LIFE OF FAMILY

Chief Problem	No. Cases	Sex Life Clearly a Factor	No Influences Apparent
Unemployment	24	5	19
Inadequate income....	20	6	14
Desertion and non- support	20	17	3

The study shows that even when unemployment or inadequate income were the chief problems, abnormal expressions of sex life were occasionally contributory factors and were partly responsible for the emergence of these problems. But in the case of desertion and non-support, the sex life of the men and women affected, profoundly influenced the problem. In only three out of twenty cases was there no indication of this influence.

Perhaps a brief summary of the facts in respect to a number of cases will illustrate the problems involved and the way in which they are tied up with the abnormal sex life of either the man or the woman.

CASE ONE.—The chief problem is desertion and non-support. The man was the only child of indulgent parents and depended upon them for practically everything. After marrying, he neglected to provide a home for his wife and child and as a consequence his parents were forced to assist. There was persistent sex incompatibility and as a result he beat her a number of times. The estrangement finally resulted in his deserting the family and throwing them upon the public for support.

CASE TWO.—This also represents a family in which desertion and non-support were the chief problems. Both the man and the woman had been raised in an immoral atmosphere. She was pregnant before she was married and her parents forced the couple to marry. The disharmony in the home resulted,

first, in unemployment and irregular work, and finally, in desertion.

CASE THREE.—The chief problem here is inadequate income due to various causes. The woman has congenital syphilis, being partly blind, partly deaf, and somewhat crippled. The couple have four children after four years of married life. The children are naturally sickly and owing to the small income are also undernourished. The household management is bad and a considerable income is necessary to care properly for the woman and her children.

CASE FOUR.—The chief problem is irregular employment. The man is an alcoholic and the children are immoral. One of the boys—a juvenile court case—has contracted syphilis, and a girl is also immoral. These conditions prevent the children from assisting in increasing the family income as they otherwise would be able to do.

CASE FIVE.—The chief problem is domestic incompatibility, and among the contributory factors are the ill health of the wife, and poor housekeeping. When a boy, the man was at one time a ward of the juvenile court. He lived with his wife before they were married and later was brought into court for cruelty. He left her on a number of occasions and meanwhile lived with other women.

It is not necessary to cite additional cases. These will illustrate the nature of the problem. The so-called chief problem in the family, while it is the one that must especially be solved, after all depends for its solution on the contributory factors such as the disease of parents, abnormal sex life, or the delinquency of the children. Furthermore, it is not always possible to indicate which is cause and which effect. There is little doubt but that in many cases, that which has emerged as the chief problem of a family is to some extent responsible for the various sex delinquencies that have occurred. Be that as it may, these factors point clearly to the conclusion that a large proportion of the family-welfare cases needing intensive and persistent treatment are cases so shot through with

social-hygiene problems that the case worker must, in order to deal adequately with such a family, have an extended knowledge of the meaning of the factors that are involved and of the methods available in the community for assistance in improving the situation. This conclusion is based on the known facts and probably an even stronger statement might be made were it possible to obtain an absolutely accurate picture of family conditions.

What, then, are some of the educational needs of the social worker?

First.—She must realize that the problem of sex is so fundamental in its character that it vitalizes every phase of life and that its relation to youth and adult life needs careful study. We need not be Freudians or follow the philosophies of Havelock Ellis, of Forel, and others who lay such tremendous stress on sex; nevertheless, we must give it an emphasis which will make a place for an appreciation of social hygiene as a subject to be woven into our training course for social workers.

Second.—The outcome of the handling of the unmarried mother, the delinquent woman, the disrupted family, and of the delinquent girl is so often disappointing and unavailing that the social worker must recognize the superiority of preventive work.

Third.—The social worker needs to understand the necessity of promoting certain practical measures of prevention and improvement. Among these are: (a) A program of sex education such as that formulated by experts in this field of thought. She must learn that unenlightening forms of education are promiscuously obtained and that a proper plan of sex education is the only substitute. The social worker must learn, furthermore, that sexual restraint is normal not abnormal, and that wholesome sex morals can be developed. (b) A program of social legislation which will protect the innocent and which will also serve to make case work with the unmarried mother, the deserted wife, and the delinquent girl more successful. (c) The need of measures for improving the social

and moral environment, especially of the young, so that demoralizing sex habits will not develop. Such measures include the repression of commercialized vice, the elimination of demoralizing shows and pictures and literature, the development of opportunities for wholesome leisure and recreation, and safeguarding the moral education of the young. (d) The social worker must acquaint herself with the agencies in her community that deal with aspects of the social-hygiene problem such as the venereal-disease clinic, the juvenile and adult probation officers, the court of domestic relations, the school curriculum in respect to sex education, the injunction and abatement law, the ordinances for the suppression of prostitution, the institutions that accept delinquent girls or women, and the methods of the courts and the police. The social worker in some of our social agencies will not come into such violent contact with the tragedies of abnormal sex life as to make all of this knowledge necessary for her; nevertheless, a large proportion of social workers needs this equipment. (e) Some knowledge of the superficial effects of social disease and of its results in the form of physical or mental deformity and abnormality is also desirable.

The main features of a social-hygiene program have been established and the various social-hygiene societies have for a number of years endeavored to carry them out. Neither their thought on subjects or their method of operation is new, but the social worker has not yet obtained an adequate appreciation of their import. It devolves upon her to make a better use of her opportunity, and upon the schools of social service to give that broader training which will equip the worker for a more successful treatment of those problems which are aggravated by sex delinquency, and a training which will also make the worker an active participant in that preventive program which seems to be our main hope. Our study of these one hundred cases gives depressing evidence of the difficulty of reform. Our program must begin with the child, and the family social worker can add largely to the knowledge of this necessity.

SOCIAL HYGIENE AND SOCIAL PROGRESS *

DONALD R. HOOKER, M.D.

Johns Hopkins University

At a social-hygiene conference of this kind, where we are friends in understanding, it is not out of place to uncover our vices if such there be in so idealistic a movement. I think it is entirely clear if we do harbor vices that they are vices of omission and not vices of commission.

Social hygiene could never have reached its present dignified status had the gentle foot of progress once tripped on an ill-chosen course. I am quite in agreement, then, with the numerous speakers whom you have heard, that the steps which have been taken from the days of Dr. Morrow and of Aaron Powell to this have been, in the main, the steps of wisdom. But I seem to feel a lag or inertia, like the first effort of an elderly person to move, when we turn and contemplate new fields to conquer. It would be unfortunate if our life span were but fifteen years and if our conceptions of social hygiene were beginning to run in rigid grooves as the life-blood runs in the calcified arteries of the aged. Some may think that social hygiene can run its course, complete its allotted task, and fold its tents, but I think it is here to stay from generation to generation. It seeks to clothe in righteousness the most fundamental well-spring of life. With such a goal it is not likely that its work will be done until we come into a new haven of existence, and that haven will shine with such a purity in matters of sex that none now living would recognize it.

Thus far we have, of necessity, found concern in the more outward manifestations of the problem. A good start has been made in the education of the general public, and this is going forward at an ever accelerating rate. The concrete

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 7, 1923.

results are seen in improved law enforcement, in the suppression of vice, and in an improved sense of civic responsibility to children. These concretions are, to be sure, extremely thin, but they are there and they were not there fifteen years ago. It is because of this, that health officers are now able to lay their plans to deal with the venereal diseases as a menace to the public health. Something has been done also in educating our youth—at least the pot is boiling with discussion and experimental tests. The results in this field are so slender that they do not yet cast a shadow. Nevertheless, what may be called indirect education, home teaching and conversation among young people, is undoubtedly actively and effectively at work. I was delighted to hear an experienced and distinguished educator state, a short time ago, that the boys of to-day were a much cleaner-minded and more manly a lot than were their fathers in the same preparatory school.

These things have been accomplished only with the expenditure of great effort and much money—The American Social Hygiene Association alone has collected and expended over a million dollars. Such work is not done without organization. In fact, in this day of “drives” and “chest” our every step seems to depend upon concerted effort, upon the campaign organization. It is in this organized effort so potent of results that I believe we can find the first elements of inelasticity which hamper new growth. I have in mind the problems of social hygiene, but it may well be that similar vices crystallize in every other field of organized endeavor.

In the first place, efficient organization calls for an extreme grade of concentration. To clarify the subject for simple public comprehension requires a spotlight strong enough to shadow effectively collateral issues. We thus come by expediency and then by habit to stress a narrow field of effort. As new people join the movement they find a definition of its object in the activities going forward. Patrons contribute money for the work in hand. Executive committees and directorates, intent upon oiling wheels already in motion and

with too little time for their volunteer service, acquiesce and pass on. Thus, the proximate goal becomes the final end.

Doubtless, some such process as this has led to the narrow definition of social hygiene in this country. Among other peoples, social hygiene is what its name implies, but with us it is sex hygiene. I am not concerned as to which of these concepts is the more advantageous, but I am concerned with every tendency further to restrict sex hygiene. Social hygiene must keep step with social progress. This is not to say that we have fallen behind. Rather, it means that our future attitude should be our immediate concern. We may well be proud of the past, but fearful of the future.

We must bend our minds to make of social hygiene a great constructive effort. In the first days of the vision the outpourings of our wrath were purely destructive. The moral code and customs were savagely attacked. Now, with saner vision we know that great social forces must be constructive. The program of this Conference is proof; we now meet to discuss the subject in its constructive aspects, and we see, furthermore, vast reaches of our subject which stretch out, intermingle, and coalesce with every phase of human conduct and endeavor. There is not an organization dealing with human welfare but has its problems in social hygiene. Venereal disease, that blot of tragedy on our social life which has motivated this great moral awakening, comes then into its proper perspective. Great as is that blot, and great as is the problem of its eradication, it is but an incident in the greater movement to lift the standards of our sexual life out of the mire of barbarism. Handicapped by prejudice and convention, social hygiene has just struggled to its feet, and is now lifting the burden of the ages. We, to-day, are the guardians of the germ-plasm of the future. In so far as we cherish it, the future will be of promise; in so far as we neglect it, the shadow of primitive existence will persist. Untold forces are playing upon this germ-plasm, some for good and some for ill. Our task is to achieve the dominance of the good.

Achievement such as may be permitted to a single time unit in human history, depends upon our ability to correlate and understand the various influences which are at work.

It is for this reason that I have no sympathy with those who would restrict our field of endeavor. Social hygiene associations must stand ready to assume the custodianship of every sincere effort to improve the sexual life of our times. We cannot, without detriment to the ultimate goal, restrict activities to venereal-disease prevention, to law enforcement, or to any one or more of a number of lines of possible work. All must be acceptable. This is not to say that all lines shall be pursued at one time. The perils of such a multifarious program are obvious. It is the spirit of open-mindedness which is essential, a spirit which understands the protean character of our foe. This becomes the more important as time passes, because with the laying of the ground work we must begin to consider our subsequent progress.

What shall we do next? Is feeble-mindedness in our field? All who transgress the limits of proper sex conduct are not feeble-minded, but no one can question the close connection of feeble-mindedness to our central problem. Mental health is the concern of mental hygiene, and the procreation of the unfit is the concern of eugenics, yet social hygiene, restrict it as you will, must overlap if only on the phases of venereal infection and immorality. The feeble-minded procreate rapidly, and they are a many-sided danger to the community. Adequate custodial care, and what will justify the state in its exercise, are of prime importance. This matter comes home to me with great force, because in Maryland a great many feeble-minded girls are released by habeas corpus proceedings. Proper custodial supervision is expensive and very few people in any community are as yet prepared to pay for it. In New York State, sterilization of the feeble-minded was permitted by law, but I am informed that it was repealed in 1920. Long public discussion of the subject must precede any practical solution. Whether the solution be by one method

or another, a vast amount of educational work will be demanded.

Is illegitimacy in our field? The average person scarcely realizes the extent of this evil, but a visit to any maternity ward is convincing. In this condition one contributor escapes free, leaving mother and child a burden which they are ill prepared to carry. The result of this situation is too well known to require comment. Our laws are most unjust and inadequate. A fundamental study of this condition would be illuminating and might lead to an immense improvement. Some of the European countries are apparently far ahead of us in dealing with the problem.

Is birth control in our field? We are all pleased to believe that we are the result of voluntary parenthood, that our coming into the world brought joy and not trouble to our parents. What of those not so fortunate, who dragged down their mother's health, or who involuntarily placed an economic handicap on the whole family? Abstinence in most marriages is an abstraction. Surely, social hygiene and social progress are both involved in unrestrained procreation. They are involved, too, in the matter of late marriage with their immediate relationship to venereal infection.

Are marriage and divorce in our field? This twin subject is too seldom discussed without feeling, perhaps because to most people it has a religious as well as a social significance. It must be discussed, however, because of its intimate bearing upon the problems of social hygiene. If the environment and education of the child are to determine the sex life of the man, home influences are of predominant importance. These influences hinge upon a happy marriage. Can enforced marriage solve the problem of the illegitimate child? What restrictions ought to be placed upon marriage and divorce in general? Two people cannot obligate themselves to be happy in wedlock. Under normal conditions love will choose its proper mate. Unfortunately, our conditions are not normal, and unhappy marriages are of frequent occurrence.

How shall we deal with them, having due regard for the welfare of the children and the normality of the two persons immediately concerned?

You will recall that Dr. Morrow called the first group which he organized, The Society of Sanitary and Moral Prophylaxis. The four questions which I have raised are all in the field of moral prophylaxis. Thus far much less thought has been given to this phase than to the phase of sanitary prophylaxis. The four questions were chosen to exemplify four kinds of problems.

The question of feeble-mindedness involves an overlapping of effort with other agencies. The question of illegitimacy calls for a thorough investigation, followed by efforts to enact the forthcoming recommendations into law. The question of birth control involves recognition of a thing now practiced, and its effectual application to race betterment. The question of marriage and divorce brings out a reconciliation of sound social practice with the religious viewpoint. These are not the only questions which might be offered, but they exemplify four quite divergent lines of activity, all starting from the central theme. They indicate how far from our present activities social hygiene may be called upon to travel. Whether they ever fall into the program, is of secondary importance; their immediate function being to indicate that the proximate end of our present work cannot pass for the ultimate goal of social hygiene.

Social progress waits for no man or group of men. When there is work to be done, an agency is found for its accomplishment. If we, in social hygiene, hesitate too long in entering a field, another group will take our place. This fact should be borne in mind, not because of jealousy, but because a multiplication of social agencies is undesirable.

A STATE SOCIAL HYGIENE EDUCATIONAL PROGRAM*

EDNA P. FOX

Educational Director, Bureau of Social Hygiene, Virginia State Board of Health

When a state social-hygiene educational program is being planned, the very first thing to be taken into consideration is "how to gain the coöperation of the educators." One would naturally feel that a group of educators would be about the easiest class of people to win over to a new idea, and such is really the case when the new idea is sound in principle. So, in order to have a social-hygiene program accepted by this group, it is only necessary to demonstrate its soundness.

In Virginia, we are exceedingly fortunate in that the State Department of Education and the State Department of Health are on most cordial terms, and the members of both Departments work together as one large family. We have a very fine school-hygiene and physical-inspection program, for which the Department of Education and the Department of Health are jointly responsible. The fact that there was such a joint program, gave the Bureau of Social Hygiene the point of contact for effectively bringing its program into the teacher-training institutions, colleges, and public schools of the State. It did not prove difficult to induce educators who were thinking along health lines to see that social hygiene is a most important part of a school-health program.

When I took over the direction of the educational work of the Bureau of Social Hygiene, a little more than three years ago, my main idea was to coördinate social-hygiene education with all other phases of health education, to put it where it rightfully belonged in the educational program, and not to make a separate scheme of it. In order to place the work on a sound foundation, it was necessary to begin at the bottom.

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 6, 1923.

The great problem was how to begin. As those doing social-hygiene educational work realize, there is the great rural problem and the great urban problem, each so different, yet each contributing to the delinquency of thousands of girls each year, and to the wrecked health of thousands of boys. It was plain to be seen that, if the work of the Bureau of Social Hygiene was to be at all effective, it must reach these girls and boys, and reach them in an understandable and practical manner, yet in such a way as to inspire them to high ideals of life.

PRELIMINARY WORK.—Before coming into direct contact with the girls and boys of the State, it seemed advisable to get the coöperation of the parents of these young people, as well as the approval of the educational authorities. Therefore, a great deal of time and thought were devoted to the systematic education of the lay public along social-hygiene lines. I have not only given illustrated lectures in every large center of population in the State, and in many remote places, but during the year 1921-22, enlisted the services of specialists, both white and colored, of the United States Public Health Service and of the American Social Hygiene Association.

I visited the presidents of the junior and senior colleges for both girls and boys, also the state normal schools, both white and colored (for in our State the program has to be a double one, since there are separate schools for each race), gaining permission to give a series of demonstration lectures, with the idea that these lectures would be found to fit in with other health instruction. This result was obtained, for these lectures have now been made an integral part of the health instruction in all of our State normal schools, and in as many of the private institutions of higher education as I have had time to visit during the school year.

RESULTS OF PRELIMINARY WORK.—In my visits to the normal schools and colleges, all of which visits are previously arranged for by correspondence or interviews, a series of four lectures is usually given, two of them being illustrated

with film showings. Not only is the whole student body requested to attend the lectures, but various class groups, such as those in education, biology, and sociology, ask for still further instruction. It is my purpose to secure, if possible, some one member of the faculty to do this work in each educational institution visited. This has been a most difficult problem, but at three of our normal schools such a plan is to be carried out this year.

To reach the high-school girls and boys with a message suitable to their problems and needs, it has been necessary to visit school superintendents and principals, laying the program before them. So far, not one has refused to have the work, and this field is now ready for these lectures to be given every school session.

METHODS.—The boys and girls are always divided into separate groups for the lectures. In dealing with adolescent girls, very little mention is made of venereal diseases, for the idea is to give them a complete training in the personal hygiene of adolescence, and to appeal to the idealistic side of their natures in governing their actions towards the opposite sex. Every girl, down in her heart, some day hopes to be a mother, so our plan is to talk frankly with her about motherhood, and help her to see that these very trying years through which she passes between the ages of thirteen and eighteen are merely the preparation for this most beautiful of all experiences. Boys are even easier to approach, because the main appeal to them can be made through their desire to develop into fine physical specimens of manhood. We do not, however, neglect the idealistic side with them; and, in addition, we instruct all boys fifteen years of age and over as to what venereal diseases are, and their relation to other human ills. This will give some idea of how the work has been carried on in the high schools.

Entrée into the circles of serious-minded, thinking men and women in the various localities has been made through school leagues, civic leagues, church organizations, Red Cross

societies, Kiwanis, Rotary, and business men's groups. This has done away with all possibility of arousing antagonism in the minds of the parents, as the work with them precedes that with the young people and has tied up the work of the Bureau of Social Hygiene with the other civic and school activities.

EXAMPLES.—To give an example of how work among the grown people can bring about the desired invitation to speak to the children, take the following instance: On October 23, 1922, I gave a lecture before a small group of public-spirited women in one of our larger towns, and this meeting resulted in an invitation to return for a complete lecture program in the schools, before the women's organizations, and before the business men, in an attempt to get some kind of organized recreation for the young people. In this place there has been a rather startling proportion of undisciplined young people, and the good work of their local health department has uncovered a considerable amount of illegitimacy and venereal disease. The reason for this has probably been due to the fact that the men in the community are connected with the tobacco industry, and are hired and paid salaries by the year, while their contracts forbid working for anyone else during the idle period. The result has been too much idleness, no wholesome recreation, no gymnasium for athletics, plenty of money, and consequent immorality. On my return visit, I lectured to the older school girls, the older school boys, the women, the Business Men's Club, and the school league. Following this, a movement was inaugurated to supply adequate facilities for wholesome recreation and amusements, and there is now a full-time physical director in the school.

Another example of the work among the grown people was my experience in one of our college towns. Through the efforts of the Public Health Nurse, I was invited to address a combined meeting of the Civic League and the School League. The people in this community were very loath at

first to have the subject of social hygiene discussed publicly, but a few days after my lecture an invitation was received to return and talk with the school boys and girls, also to another meeting of the women. This resulted in the ministers of the town becoming interested and taking a decided stand in favor of the work. Still later on, I was asked to return a third time and talk to the young men of the college. This town is very close to Richmond, so it was possible for me to make the return trips without inconvenience.

A third and even more interesting experience was in one of our most backward and self-satisfied communities. Some of the facts of this experience were not told to me until long after my work had been done. The Public Health Nurse approached some of the leading men and women in the community to learn their attitude towards social-hygiene work, and an unusual situation developed. The women were most anxious to have the lecture work done in the high school, and a public lecture in the motion-picture theater, illustrated with a film; but the men said that if she invited "that woman" to come to their town, a delegation would be at the train to meet her and see that she remained in the station until the first train for Richmond came through. Conditions among the young people of that town were exceedingly bad; the high-school girls were attending dances where liquor flowed freely, and these dances were always followed by automobile rides. However, the nurse went ahead with her plans, and the program was carried through. Not only in the town, but at many points in the county, lectures were given, with the following results: (1) One of the teachers in the high school became courageous enough to follow up my lecture with much personal instruction to the girls and boys; and, when I visited the county recently to speak before the annual teachers' institute, this teacher stated that she felt a great deal of permanent good had been accomplished, and that she intended to continue instructing the girls and boys just as long as they would come to her with their problems. (2) There has not

been a single unchaperoned dance in this town since the women of the town gathered in the motion picture theater, heard the lecture, and saw the two-reel social-hygiene film for women.

In counties, cities, and towns, where there are public-health nurses, special itineraries have been arranged, with group meetings for mothers and girls. These meetings have been largely attended, and the great number of calls for literature and advice following them show that permanent results may be looked for.

TEACHERS' INSTITUTES.—In the fall of the year, when the county school superintendents are holding teachers' institutes throughout the State, I try to attend as many as possible of these meetings, as they open up new avenues of approach. This often brings me into contact with the workers of the other bureaus of the State Board of Health and the State Department of Education. When I can not be present, the members of the other bureaus rarely make a speech on their own behalf, that they do not mention the work of the Bureau of Social Hygiene, and recommend that anyone desiring further information communicate with me direct. This, of course, is of the greatest help, bringing about a closer coördination with the other bureaus. The personnel of the Bureau of Social Hygiene is now so limited that it is physically impossible to cover the territory completely.

SUMMER SCHOOLS.—Besides the work of the fall and winter months, I am kept busy during the summer giving courses in the teacher-training schools of Virginia, which are attended not only by our own teachers, but by many from other states. Last summer I organized a one-day public health conference at the University of Virginia, having national as well as local speakers. This took the place of the regular work which has been given at each summer session, and proved so popular that next summer I hope to hold a similar conference at each of our normal schools.

CONCLUSION.—At present the greatest difficulty, as I see it,

is the lack of teachers possessing the happy combination of knowledge and ideals, which is so necessary in the presenting of this subject to adolescent youth. The one outstanding criticism of the college boy and girl is that whatever instruction of this kind they have received in the past has been either too material or too sentimental.

If one is willing to work hard and sacrifice personal desires, there is no reason why a comprehensive educational program can not be put over and established on a firm foundation. It is hard to say that any one thing is responsible for the success of the work in Virginia; I rather feel that most of the credit is due to the individuals and outside organizations that have coöperated so beautifully with us. During 1921, the United States Public Health Service and the American Social Hygiene Association were more than generous in their assistance with lecturers. This left me free to devote my time to building programs for these lecturers, and to the executive work of the Bureau. However, during 1922, I did not ask for much outside help, as I felt that we had had so much the previous year it would not be right. This necessitated my doing the lecture work, as well as the administrative work of the Bureau; and, when I tell you that I gave 298 lectures, with a total attendance of 40,239 persons, you will better understand what I said previously about the need for sacrificing personal desires and devoting unlimited time and thought to the work.

Virginia is made up of one hundred counties, chiefly rural, and with many notably poor roads, the task has not been easy. But, with the educators of the state now firmly behind the program and the organizations previously mentioned coöperating to their utmost, the future of the work looks exceedingly bright, and I am sure it is an absolutely permanent part of the training in the institutions of higher learning.

The manner in which barriers have given way to our educational program in Virginia, thoroughly convinces me that

much of the difficulty that appears to be in the way of social-hygiene educational programs is purely imaginary. Educators have progressed much further in the past decade than we have given them credit for, and we now have but to deal with sex matters sanely to gain their ear and their aid. Wild-eyed propagandists and sentimentalists who, heretofore, so often occupied this field, have been discredited; but the official health workers, who, with no flourish of trumpets, quietly and sensibly coördinate their work with existing courses, find a cordial welcome.

ADMINISTRATIVE PROGRESS IN COMBATING VENEREAL DISEASE *

JOSEPH S. LAWRENCE, M.D.

Director, Division of Venereal Diseases, Albany, N. Y.

It is now five years since the Federal Government made its initial appropriation for the advancement of programs and methods aiming at the eradication of the venereal diseases, a period entirely too brief for estimating results that may be permanent in character, as our experience in the control of other communicable diseases has taught us. Even a study of the efficiency of the national programs is difficult because it is complicated by the many changes in diagnostic and therapeutic practice which followed the discovery of the infecting organism of syphilis. Since many of the programs depend upon special appropriations for their development, it has become increasingly necessary for those intrusted with their administration to evaluate tentatively their activities, incomplete as they are. Statements of such evaluations, I regret to note, are sometimes being considered as statements of actual achievements and compared with results attained in the same period of time in controlling other communicable

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 7, 1923.

diseases or the elimination of their foci of infection. Such deductions are exceedingly unfair if, in making them, due consideration is not given to the short period elapsing since the discovery of the spironema, as can be seen by considering the slow progress made in the years immediately following the discovery of the etiological organism, in reducing the prevalence of typhoid fever, which is now one of the most satisfactorily controlled of the communicable diseases. The typhoid bacillus and its habitat were well known almost a score of years before the Spanish American War, yet it was the immediate cause of the greatest portion of the mortality suffered by the American forces in that war.

There are several ways of estimating the status of the combat against the venereal diseases. One is a study of the prevalence and availability of red-light districts, since these are the homes of prostitutes who are generally considered the principal carriers of the diseases. While, perhaps, the rigid rules which during the war accomplished the closing of such districts may now be somewhat tempered in certain localities, yet the weight of public opinion is definitely set against the reopening of them under any conditions. It cannot be denied that society by this determination has taken a most important step toward safeguarding its health, comparable to a degree, to the efforts made to provide water supplies not contaminated with sewage, in the combat against typhoid fever. Some are inclined to doubt that abolition of the red-light districts has abated prostitution to any extent, contending that it simply scattered the offenders over the communities and that the present conditions are appreciably worse than under the old system. In many instances, these same people advance a similar argument concerning the effect upon prohibition accruing from the abolition of the saloon. It is quite possible that more people are inclined to be promiscuous in their sexual relations in recent years than before, but to me this is more indicative of the domestic disruption following the war and accompanying the unusual prosperity

than of any advance in commercial prostitution. Large wages and salaries earned to-day tempt many to indulge in escapades and orgies for their novelty, but these must not be considered in the same class with commercial prostitution which was an organized business. This irresponsibility is temporary and will pass as industrial conditions resume stability.

A second evidence of progress in the elimination lies in the increased number of physicians actively engaged in treating the diseases. The permanency and value of this factor cannot be doubted even by the most skeptical. A few years ago, physicians refused to treat persons suffering with syphilis and gonorrhea and referred all such cases to specialists in urology or skin diseases. If the rural physician was not acquainted with any such specialists he did not hesitate to refer them to the quacks. He would not have these patients visiting his office because he feared that if knowledge of the character of their infection reached his other patients it would injure his practice. "My office is in my residence and I won't have such patients hanging around there," a physician told me just the other day. But that attitude is rapidly giving way, and as physicians become familiar with the newer specifics and the technic of their administration, they undertake treatment of the diseases. Public-health authorities of this country and abroad are unanimous in their reports that physicians generally are now admitting such patients to their practice. In order that we might know exactly what is the status in the United States, we inquired of each venereal-disease control officer how many physicians of his state reported cases during 1922. Their answers are tabulated in Table I.

Response to our questionnaire was not received from nine states. In some states the physicians submit their notifications to the local health officer who reports to the state department the number of such notifications received, but does not forward the names of the physicians submitting them. Chi-

TABLE I.—PORTION OF PHYSICIANS SUBMITTING NOTIFICATION OF
VENEREAL DISEASES IN 1922

STATE	Number of Physicians Registered	Number of Physicians Reporting	Per Cent Reporting
Alabama.....	2300	341 ¹	15
Arizona.....	....	....	..
Arkansas.....	2750	339	12
California.....	6720	....	..
Colorado.....	1882 approx.	365	19
Connecticut.....	1800	272	15
Delaware.....	283	not over 10	4
Florida.....	1401	268	19
Georgia.....	3500 about	not kept	..
Idaho.....	500 over	200 about	40
Illinois.....	10716	....	..
Illinois (except Chicago).....	5173	805	16
Indiana.....	4000 approx.	418	10
Iowa.....	....	....	..
Kansas.....	2560 approx.	263	10
Kentucky.....	2700 approx.	....	..
Louisiana.....	1798	197	11
Maine.....	1025	237	23
Maryland.....	2364	369	16
Massachusetts.....	6500 approx.	....	..
Michigan.....	4500	1316	29
Minnesota.....	2628	1500 about	57
Mississippi.....	1700 approx.	....	..
Missouri.....	5673	596	11
Montana.....	....	....	..
Nebraska.....	1885 approx.	1153 coö.p.	61
Nevada.....	....	....	..
New Hampshire.....	....	....	..
New Jersey.....	3100	630	20
New Mexico.....	341	91	27
New York.....	15600	....	..
New York (except New York City).....	6471	2492	39
North Carolina.....	2000 approx.	841	42
North Dakota.....	530	224	42
Ohio.....	....	....	..
Oklahoma.....	....	....	..
Oregon.....	1036	367	35
Pennsylvania.....	12000 approx.	....	..
Rhode Island.....	710 approx.	118	17
South Carolina.....	1200 approx.	....	..
South Dakota.....	586	126	21
Tennessee.....	3328	340 at least	10
Texas.....	6094	....	..
Utah.....	....	....	..
Vermont.....	....	....	..
Virginia.....	2485	127	5
Washington.....	1700	150	9
West Virginia.....	1700 approx.	350 about	21
Wisconsin.....	2750	545	20
Wyoming.....	270	72	27
TOTAL.....	136259 69529 ²	15122	22

¹ Alabama could not obtain information for 1922 and submitted instead data for first four months of 1923.

² Total number of physicians registered in states where number of physicians submitting notification is known.

cago and New York City were likewise unable to give the exact number. Lack of data in these instances accounts for the incompleteness of the table. Eliminating these states, we find there is certain knowledge that approximately 22 per cent of the total number of physicians practicing in the states from which the reports are available submitted at least one notification during 1922. There is wide variation among the states in the proportion of physicians submitting notifications: from 4 per cent in Delaware to 61 per cent in Nebraska. Obviously several factors contribute to this variance; for instance, the character of the notification law and its enforcement. Nebraska was one of three states that reported having prosecuted physicians in 1922 for noncompliance with such law. Likewise, the availability of adequate laboratory service, permitting the physician to confirm readily his clinical diagnoses with laboratory examinations, will encourage prompt and extensive notification. Instruction of the laity by means of pamphlets and lectures has aided the physicians to secure the consent and coöperation of their patients in submitting notifications. Physicians have reported that they have been aware of such advantage. It cannot be denied also that there still are physicians with whom the objection to notification is subjective. They cannot persuade themselves that they will not be doing an injury to their patient by reporting his or her infection.

Therefore, while statistics show that 22 per cent of the physicians have submitted notifications, it is obvious that the number treating the diseases is larger. In New York State, exclusive of New York City, 39 per cent of the physicians and surgeons registered in the Medical Directory for 1922 submitted notifications of cases of venereal diseases in their practice, and the records of the State Laboratory show that another 20 per cent submitted specimens to that institution from patients suspected of having a venereal disease none of which were found positive. Thus, in this state there is reason to believe that at least 59 per cent of the physicians

and surgeons are concretely coöperating in the elimination of the diseases.

Turning now from considering the number of practising physicians enlisted in the cause of suppressing venereal diseases let us compare the number of notifications recorded. These are shown in Table II.

It will be seen that 15,122 physicians submitted a total of 157,233 notifications, an average of 10 notifications per physician. This estimate could be computed only for the states where the total number of physicians submitting notifications was obtainable. Again, there is apparent a wide variance among the reports received from the states. The most natural explanation for the variance would be that the number of notifications depended upon the incidence of the diseases and that the highest ratios may be expected in states with large Negro population. This hypothesis, however, does not explain the high ratios in Missouri, West Virginia, and Washington, nor the exceptionally low ratio in Virginia.

Again, the availability of adequate laboratory service must be an influencing factor. The symptoms occasioned by gonorrhea and syphilis in the chronic state are most varied and frequently are associated with parts of the body widely separated from the portal of entry for the infecting organism. The acute primary symptoms are usually unmistakable and disappear readily under treatment but the laboratory has taught us that recurrence of the disease is the rule when treatment is limited to the banishment of these early symptoms. We are also learning with the aid of the laboratory that symptoms of the chronic stages may closely resemble those of almost any other disease and thus it is obvious that where adequate laboratory service is not available many cases escape correct diagnosis.

The character of the population whether predominantly urban or rural may be an influencing factor on notification. There is an opinion pretty generally held by physicians with rural practice, whether well founded or not I am unable

TABLE II.—NUMBER OF NOTIFICATIONS RECEIVED DURING 1922 AND AVERAGE NUMBER SUBMITTED BY EACH PHYSICIAN

STATE	Number Cases			Av. N Cases Reported by Each Physician
	Syphilis	Gonorrhea	Chancroid	
Alabama.....	5334	3655	231	27
Arizona.....	....	....	....	..
Arkansas.....	3898	2876	....	20
California.....	5074	4994	....	..
Colorado.....	978	1830	95	8
Connecticut.....	936	658	....	6
Delaware.....	5	209	....	21
Florida.....	1775	1561	186	13
Georgia.....	4837	3782	....	..
Idaho.....	350	400	....	4
Illinois.....	8885	13816	640	..
Illinois (except Chicago)...	4002	4229	192	10
Indiana.....	2355	2408	....	11
Iowa.....	....	....	....	..
Kansas.....	1302	1719	....	11
Kentucky.....	25408	19755	....	..
Louisiana.....	4040	3194	....	37
Maine.....	529	998	11	6
Maryland.....	1942	2764	....	13
Massachusetts.....	1933	4973	....	..
Michigan.....	7900	9717	....	13
Minnesota.....	4291	6112	111	7
Mississippi.....	6772	9620	....	..
Missouri.....	5181	6024	894	20
Montana.....	....	....	....	..
Nebraska.....	1338	3331	....	4
Nevada.....	....	....	....	..
New Hampshire.....	....	....	....	..
New Jersey.....	2944	2128	....	8
New Mexico.....	124	276	13	5
New York.....	23245	9694	....	..
New York (ex. N. Y. City)...	10046	4095	....	6
North Carolina.....	4671	4045	....	10
North Dakota.....	282	747	....	5
Ohio.....	....	....	....	..
Oklahoma.....	....	....	....	..
Oregon.....	1257	2381	64	4
Pennsylvania.....	3589	2981	....	..
Rhode Island.....	456	394	....	7
South Carolina.....	2547	3072	237	..
South Dakota.....	239	609	....	7
Tennessee.....	3850	3292	440	22
Texas.....	20179	14391	....	..
Utah.....	....	....	....	..
Vermont.....	....	....	....	..
Virginia.....	163	494	....	5
Washington.....	947	1977	....	19
West Virginia.....	3951	3898	....	22
Wisconsin.....	527	2510	27	6
Wyoming.....	153	562	....	10
TOTAL.....	178235 75766 ¹	166171 79093	3141 2264	10

¹Total number of cases reported in states where number of physicians submitting notifications is known.

to say, that scandal and domestic disruption would frequently follow their diagnosing and reporting venereal diseases as such. Whether the notifications are made designating the patient by name or number, may affect the number received in some states. It would greatly increase the value of this table if it indicated what proportion of the notifications came from acute cases. I have that information for New York State. If we may designate as acute those cases of gonorrhea of less than six months' duration and those cases of syphilis of less than one year's duration, 82 per cent of the gonorrhea notifications and 28 per cent of the syphilis notifications for 1922 were from acute cases. There has been but slight variation (less than 2 per cent) in the ratio of acute to chronic cases of gonorrhea reported during the last three years, but a definite decline in the proportion of acute cases of syphilis is noted in the annual reports. In 1920, 36 per cent of the notifications were from cases of less than one year's duration, in 1921 this proportion dropped to 34 per cent and in 1922 to 28 per cent. Since the diseases are spread principally during the period of acuteness, if other states share New York's experience in seeing the number of acute cases reduced it is apparent that syphilis, at least, is showing the results of our work.

In summarizing, therefore, we see that no form of commercial prostitution is tolerated to-day and that more than one fifth of the physicians and surgeons registered in the medical directory for the 31 states where the number of physicians reporting is known, are engaged in treating venereal diseases, and during one year had on an average ten cases per physician. While no data of a similar character for any previous year are available for comparison, I have no hesitancy in predicting that if the programs can be maintained in their present effective condition, the venereal diseases in another decade will be showing a definite annual decrease in number.

EDITORIALS

THE PEACE PLAN

It is an easily demonstrable fact that peace promotes health. Opposed to this is the counter proposition that war promotes disease, and this is particularly true regarding the spread of venereal disease. From the time when the soldiers of Charles VIII were said to have disseminated syphilis throughout a large part of Europe, down to the late World War where most of the nations involved reported an increase in venereal infections among both the armed forces and the civilian population, the spirochete and gonococcus have thrived during the unsettled conditions necessarily prevailing in warring nations. In addition to the maimed and broken victims of shot, shell, and poison gas, and the mentally-shattered veterans, war's aftermath includes and penalizes both present and future generations through this disease renaissance.

Not only must these direct and tangible destructive effects be considered, but also the time and energy diverted from constructive research. When a nation considers its safety threatened, when war and the talk of war fills the air, *fighting* material, whether it be human or manufactured, is hailed as of first importance. An emergency exists, and emergencies are not compatible with the atmosphere and surroundings in which slow and painstaking research thrives. A Pasteur, a Koch, a Noguchi, an Ehrlich, or a Curie cannot give of his best under such handicaps.

It is evident from this that a plan to bring about universal peace would, if successful, prove of the greatest value as a public-health measure. Disease, knowing no boundary lines, would be among the first of the world's evils to feel the effects of such a plan when put into practice. International peace would assure more rapid advancement for international health measures. There would be more time in which to

consider them, more resources available for their administration, and a greater inclination to achieve them. International peace would offer an opportunity, at least, for international altruism and for the thoughtfulness along health and sanitation lines which such altruism would bespeak.

With these thoughts in mind, the editorial board of the JOURNAL is glad to comply with the request from the American Peace Award Committee to publish a digest of the plan selected by the Jury of Award as the "best practicable plan by which the United States may coöperate with other nations looking toward the prevention of war."

KNOWING OUR NEIGHBORS

Reciprocity and coöperation—two fine, though overworked words—are making for real, constructive progress in the international advancement of social hygiene. The interchange of thought and material which is constantly going on by correspondence and conference is the main factor in this onward movement. Lost motion, unnecessary duplication of effort, and useless experimentation have been eliminated to a considerable extent as the various countries have learned and taken advantage of the work already done by their neighbors.

The general conference of the Committee of Red Cross Societies held at Cannes, France, in April 1919, was attended by health authorities from many countries and a broad program of measures for the control of venereal diseases was agreed on. The All-America Conference on Venereal Diseases and Social Hygiene held at Washington, D. C., December 1920, went far toward organizing and formulating the best thought of North, South, and Central America on the problems considered. In 1921 and 1922 a series of conferences in Copenhagen, Prague, and Paris brought together many of the keenest minds of Europe to discuss them, and the results of the All-America Conference were placed at their disposal and used. There are few, if any, of these conferences where the United States has not been represented, and the Annual Social Hygiene

Conference in the United States in turn is accustomed to visitors and participants from the Americas and from overseas. The latest of the major conferences is that held in Ottawa, Canada, December 10-12, under the auspices of the Canadian Social Hygiene Council, whose program is in most respects similar to that carried on in the United States.

Public opinion in some of the countries, particularly those of the Latin group, will not yet support the repression of prostitution. They still attempt to regulate the traffic but many leaders in educational, religious, and scientific circles are constantly working for abolition. In many countries the value of recreational and educational measures has not obtained that measure of recognition which is accorded them in the program of Canada and the United States. Other differences exist in international considerations of the problems growing out of sex relationships, but in the main it is safe to say at the commencement of this new year, that there is more common understanding and a more substantial basis for world-wide optimism in the social-hygiene field than have previously existed.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	44
The Forum	58
Book Reviews, Briefer Comment, and Publications Received.....	60
Social-Hygiene Bibliography	64

Venereal Diseases in the United States and New York State, 1922.—United States Public Health Service statistics, based on the number of cases of the notifiable diseases reported to state boards of health, indicate that influenza was the only communicable disease more common than the venereal diseases in the United States during 1922. In the United States one-sixth and in New York State one-eighth of all the communicable diseases were of venereal nature, according to a statement sent out by the Division of Venereal Diseases, New York State Department of Health.

	1922					
	SYPHILIS		GONORRHEA		VENEREAL DISEASES	
	Morbidity		Morbidity		Morbidity	
	Cases	Rate	Cases	Rate	Cases	Rate
United States	171,235	1.58	155,899	1.43	327,134	3.03
New York State.....	23,246	2.18	9,694	0.91	32,940	3.09

	ALL		PROPORTION OF ALL		
	COMMUNICABLE		COMMUNICABLE DISEASES		
	DISEASES				
	Cases		Syphilis	Gonorrhea	Venereal
United States	2,034,963		8.4%	7.7%	16.3%
New York State.....	271,053		8.6%	3.5%	12.1%

That these statistics are somewhat surprising even to professional workers in the venereal-disease field is probably due to the following

reasons: (1) Syphilis and gonorrhea are two distinct diseases and are generally treated as such in all statistics, so the incidence of the venereal diseases as a group and the proportion of infectious diseases that are venereal are not realized generally even by those working in this field. (2) The venereal diseases vary widely from time to time in their relative position among the leading communicable diseases; thus, in New York State, syphilis varied from first place in October and November to eighth place in February, 1922; and gonorrhea from fourth place in August and September to eleventh place in January, February, March, and April; hence, it is hard to get a correct impression of their position for the year even separately. (3) In showing the leading communicable diseases each month only ten or such number as may be necessary to get both syphilis and gonorrhea included are given; and this group is constantly changing due to seasonal variations of many of the infectious diseases.

Totals of 327,134 venereal-disease cases for the United States and 32,940 venereal-disease cases for New York State for the year 1922, are rather startling for a group of diseases that can be prevented. Physicians, nurses, and health officers have a tremendous task to eradicate gonorrhea and syphilis; yet there are good reasons for believing that progress is being made.

Status of the Illegitimate Child in Germany.—Among the European visitors who arrived in the United States during December was Frau Adele Schreiber, member of the German Reichstag, and well known in the field of sociology. In addition to her years of study in Berlin she has investigated such problems as the campaign against prostitution and the venereal diseases, contraception, illegitimacy, alcoholism, and others either directly or indirectly within the scope of social-hygiene activities. She is chairman of the Reichstag Committee dealing with these subjects and has written and lectured extensively on them.

Frau Schreiber makes the following statement regarding the status of the illegitimate child in Germany:

. . . I have myself been working for more than twenty-five years in the interest of these children, having been one of the early promoters of the movement in Germany, when such work was regarded with great suspicion. The new Child Welfare Law, recently passed in Germany, does not directly affect the status of the illegitimate child as such, but is concerned with all children; I am more especially interested in a Bill which we hope will be introduced in the next session. The Constitution of Weimar, drawn up after Germany became a

Republic, is an admirable Constitution; it contains a sentence saying that a child born out of wedlock should have the same claim as to physical, moral, and social welfare as a child born in wedlock, but this is not yet in vogue. The old code gave the mother certain rights against the father, and the child certain rights against the parents. The mother could claim the costs of her confinement, support during six weeks after confinement, and special costs incurred before the child was born, due to loss of work, and so on. The illegitimate child could claim to be supported by the father up to its sixteenth year, but the father need only support the child according to the standard of the mother and not of himself. It often happens that the father is in a better social and economic position than the mother, so that this falls unjustly on the child. There is no maximum sum under an affiliation order. The proposed law is to give the illegitimate child a claim on inheritance; at present, if the father dies, it can either claim to be supported by his heirs up to the sixteenth year, or to receive half the inheritance if that is less than the cost of support. It is a rule throughout Germany that every child must have a guardian, and there are now professional guardians, appointed by the municipality; it is a part of their duty to go before the Court, and to see that the father pays the sum due from him. The result of this is that many more fathers actually pay than would be the case if the mother had to make her own claim, and it has been found that the plan works very well.

One weakness in the law is the fact that if more than one man has had intercourse with the woman, none is liable to pay. This leads to a great deal of collusion and false swearing, and it is often hard to prove the true facts. We want to introduce a clause that, if more than one man could have been the father, both shall be liable to pay towards maintenance of the child. We also want to establish certain rights of inheritance, not necessarily that the child shall take the father's name compulsorily. Such children are often taken into the family of the mother, and it would be an actual disadvantage if it bore another name, so that this should only be permissive in instances where the mother wishes it.

There is a great deal of registration in Germany, and if a girl is obliged to register herself as "Miss," it is known, wherever she goes, that she is unmarried. They are therefore allowed to assume the title of married women. In the home of which I am myself in charge, all the mothers are registered as "Mrs."

When parents marry afterwards, the child receives the rights of a legitimate child, but it does not affect the position of the mother. I can tell you of an instance in which a woman who has been married for years would be refused permission to become, say, a midwife, because she had had an illegitimate child many years before. We want to do away with these restrictions, for we realize that a woman thrown out of employment just when she has a child to keep, is almost being forced into an immoral life. Women officials ought not to be under different laws from men officials; a man is never thrown out of his employment for such a reason, and there ought to be equality.

Labor has lately taken an active part in government in Germany, and labor's influence is strongly in favor of making the municipality responsible for useful organizations. There is now an office in most large towns to which mothers

can go and ask for help and advice. There is also a detailed scheme of State insurance, and unmarried mothers are insured equally with married women.

A lot of private work is still being done for mothers. The hostel at which I am working is under the auspices of the Red Cross. Mothers stay for two years, and try to pay for their living, the hostel providing work. We started with plain sewing, but found we could not pay our way; now we are doing rather more artistic work, and have been able to get some orders in foreign countries, notably from the Swedish Save the Children Fund. This is now our great need; Germany at present can produce cheaply, but wants to get in touch with other countries.

We have a dreadful housing question and a dreadful economic situation, and hostels are required to which mothers, both married and unmarried, can go for a few weeks, as well as those in which they stay for a long period. In our own hostel last year we had 340 mothers, of whom 181 were domestic servants. We have a mothers' guardian, who looks after the individual cases and helps them.

Occupational and General Paralysis.—This article, by Horatio M. Pollock and William J. Nolan, appeared in the May, 1923, issue of the *State Hospital Quarterly*. General paralysis is caused by the action of the germs of syphilis on the central nervous system and generally proves fatal within two years from the date of admission to a state hospital. In New York State, general paralysis composes about 20 per cent of the male and 5 per cent of the female first admissions to the civil state hospitals and ranks third in the list of psychoses, being preceded only by dementia praecox and manic-depressive psychoses. The deaths of general paralysis cases in these hospitals constitute approximately 20 per cent of the total, the annual death-rate based on total under treatment being over 30 per 1000 under treatment.

Because of the social significance of general paralysis, a knowledge of the previous occupations of general paralysis patients would be a means of showing the distribution and extent of syphilis among certain groups of workers and also be of assistance to those who are engaged in preventive work.

Inquiries from many interested persons prompted this study which deals with 7605 males and 1906 females with general paralysis admitted to the New York civil state hospitals, from October 1, 1909, to June 30, 1921. The data are derived from individual schedule cards filled out at the state hospitals, and the classification of occupations is the same as that of the Federal Census Bureau, although a considerable number of workers had to be placed under the heading "laborers (not classified elsewhere)" due to difficulty in assigning them to their proper industrial groups. The male classifications are

separate from the female and the first table lists the occupations of males with general paralysis in reference to age at the time of admission to the New York civil state hospitals. It is observed that paretic cases come from all classes of industries but a comparative table shows that their distribution therein may vary considerably from that of the employed population of the state. Thus, males were engaged in over 170 different occupations, and in agriculture 269 patients constituted 3.5 per cent of the cases of general paralysis while 10.5 per cent of the total number of employed males in the state were employed in agriculture. Conversely, 971 male patients or 12.8 per cent of the cases of general paralysis were employed in domestic and personal service as compared with 6.6 per cent of the total number of males in the state employed in such service.

In regard to age distribution of male general paralysis first admissions, it was found that 68.9 per cent were between the ages of 30 and 49 years, 5.2 per cent were under 30 years and 25.9 per cent were fifty years old or over. Admissions from the agricultural and public service groups were considerably older than the average, and those from the transportation and clerical group were considerably younger.

A table was presented showing the rate of general paralysis per 100,000 of males employed in the principal occupations comprising the several industrial groups. It was found that actors, bartenders, waiters, shoemakers and cobblers, and saloonkeepers had the highest rate of general paralysis, while the rate was lowest among wholesalers (importers and exporters), manufacturers and officials, clergymen, farm laborers, and farmers.

The authors say, in part:

The rate of general paralysis among males varies considerably in the different occupations of each division of industry. In the agricultural industry, there is a high rate among gardeners and florists, and a low rate among farmers and farm laborers. . . . In the transportation industry, there is a high rate among captains, masters, and pilots, hostlers, stablemen, sailors, deckhands, seamen, and telegraphers, and a low rate among brakemen and trainmen, locomotive firemen, mailcarriers, and motormen. . . . In the professional service, there is an exceedingly high rate among actors, authors, editors and reporters, musicians and music teachers; and a very low rate among clergymen, draftsmen, physicians, and school teachers.

Females, too, were found to be engaged in practically every occupation and as in the case of the males their representation in the various

occupation groups varies considerably. Four hundred and ninety patients or 71.5 per cent of the total number of female general paralysis cases had been employed in domestic and personal service as contrasted with 27.7 per cent of the total number of employed females in such service in the state; while 12 patients or 1.8 per cent of them were employed in clerical service as compared with 17.8 per cent of such employed female population of the state.

The percentage of employed cases under 30 is higher among females than among males; the percentage of first female admissions under 30 years of age being 12.6 per cent, the corresponding male per cent, 5.2. Sixty-two and two-tenths per cent of the female first admissions were between 30 and 49 years of age and 25.3 per cent were fifty years old or over.

The tables show that the per cent of general paralysis also varies among females in the different occupations of each division in industry. In clerical work, there is a low rate among clerks and a higher rate among stenographers and typists, and bookkeepers and cashiers. In domestic and personal service, the rate is low for midwives and nurses, and hairdressers and manicurists, and much higher for housekeepers and charwomen and cleaners. The average rate among females in all of the occupations for the eleven and three-fourths years was 64.7 per 100,000, being less than one-fourth as high as the rate among employed males.

The high rates in the domestic and personal service groups are especially noteworthy.

"Delinquent Girl" Conference.—A week's conference, October 29–November 2, was held in Madison, Wisconsin, through the coöperation of various state health educational and social agencies and the American Social Hygiene Association. The Dane County Conference took place Friday evening, November 2, in the Assembly Chamber of the State Capitol. Professor John L. Gillin of the University of Wisconsin discussed "The Burden of Delinquency and Dependency in Wisconsin," and Mrs. Martha P. Falconer, Department of Protective Measures, American Social Hygiene Association, spoke on "The Function of Public Bodies in the Care and Protection of Delinquent Girls." The meeting was open to the public and many persons interested in public-health and social problems attended.

Report of the Fourth Assembly of the League of Nations.—The *Monthly Summary of the League of Nations*, October 15, 1923, sets forth the full program of the Fourth Assembly of the League of Nations. Two conferences, especially related to social-hygiene problems, took place: I. Suppression of the Trade in Obscene Publications; and II. The Traffic in Women and Children.

At the invitation of the French Government, representatives of thirty-five states assembled in Geneva, on August 31, for the purpose of drawing up and signing an International Convention for the Suppression of the Trade in Obscene Publications. The Draft Convention, which had been drawn up in Paris in 1910, but never signed, was thoroughly discussed and amended until agreement was reached, and on September 12, it was signed by the representatives of 22 states followed by 8 more on the next day.

The keystone of the Convention is Article I, by which the contracting parties undertake to prosecute persons who produce, or have in their possession for purposes of trade or public exhibition, obscene writings, drawings, prints, paintings, printed matter, pictures, posters, emblems, photographs, cinematograph films, or any other obscene objects; who import or export these obscene objects; who circulate or distribute them either publicly or privately; or who send out advertisements leading up to the trade. With regard to the word "obscene," the Conference decided, after some discussion, that it was inadvisable to include a definition in the Convention and that each state should rather be left to give the word the legal signification it considered right.

In Article II the contracting parties agree to punish offenses falling under Article I, even if they have been committed in another country. The Conference found it necessary, however, to add a qualifying clause, "when the laws of the country permit it," in order not to debar from signing the Convention those countries whose legislation does not allow punishment for offenses committed abroad.

Further articles in the Convention regulate the use of rogatory commissions (in countries where written evidence is allowed), and provide for the searching of premises where it is believed obscene objects are deposited, and the exchange of information in cases where it should be found that the objects seized were manufactured abroad.

The final clauses of the Convention deal with the procedure to be followed. The Convention is open for signature until March 31, 1924, after which date states may still adhere. . . . The Council of the League is asked to consider the advisability of calling a further conference at the end of each period of five years or upon a request by five of the parties for a revision of the Convention. Disputes regarding interpretation or application of the Convention are to be referred to the Permanent Court of International Justice.

Immigration Improvements Suggested.—The Eugenics Committee of the United States of America, of which Professor Irving Fisher is chairman, has just released the report of its Sub-Committee on Selective Immigration. The Committee finds that public opinion on the immigration question is crystallizing around these three points: (1) Never again is there to be an unlimited inflow of cheap alien labor; (2) a numerical limitation of immigration is here to stay; (3) there must be a careful selection of our immigrants within the fixed limits. To accomplish these ends there should be: (1) Percentage limitation, based on the census of 1890, and (2) some form of overseas inspection. A definite numerical limitation has been long advocated by authorities on immigration. The conviction that the census of 1890 should be used as the basis of any percentage law has been growing rapidly all over the country. Since there were fewer southeastern Europeans here in 1890 than in 1910, a percentage provision based on the former census would decidedly cut down the numbers of such immigrants. This provision would change the character of immigration, and hence of our future population, by bringing about a preponderance of immigration of the stock which originally settled this country.

The report says further:

It is not here a question of racial superiority of northwestern Europeans or of racial inferiority of southeastern Europeans. It is simply a question as to which of these two groups of aliens as a whole is best fitted by tradition, political background, customs, social organization, education, and habits of thought to adjust itself to American institutions and to American economic and social conditions; to become in short, an adaptable, homogeneous, and helpful element in our American national life.

It has been claimed by experts that had mental tests been in operation, and had the "inferior" and "very inferior" immigrants been refused admission to the United States, over 6,000,000 aliens now living in this country, free to vote, and to become the fathers and mothers of future Americans, would never have been admitted.

The investigation of the "socially inadequate" groups in 445 state institutions housing the feeble-minded, insane, criminals and delinquents, epileptics, blind, deaf, deformed and dependent, undertaken for and under the auspices of the Committee on Immigration and Naturalization of the 67th Congress, and published in the Hearings before that Committee, indicates that 44 per cent were either of

foreign birth or had one or both parents foreign-born. These figures take no account of the foreign socially inadequate in private institutions, or supported by private charity outside of institutions.

It is further shown that immigrants from northwestern Europe on the whole contribute far less in proportion to our alien socially inadequate institutional population than do those from southeastern Europe.

A percentage limitation based on the census of 1890 would therefore not only reduce the inflow of unskilled "cheap" labor, but would also greatly reduce the number of immigrants of the lower grades of intelligence, and of immigrants who are making excessive contribution to our socially inadequate classes. Percentage limitation based on the 1890 census therefore is the simplest, most logical, and most effective means readily at hand for accomplishing all three of these very necessary things. The original argument in favor of the percentage law was economic. The fundamental reason for its continuance is biological.

For efficient immigration, both a far more effective system of inspection at our own ports, and some sort of preliminary selection overseas, are necessary. Consular certificates should be required of each intending immigrant before he starts on his voyage. This certificate should contain answers to questions essentially the same as are asked of the immigrant on his arrival at our ports, as well as full information about his health, civic record, political activities and character, and the general standing and health of the immigrant's family. It should include a statement from the responsible police authorities of the immigrant's residential city or district that the applicant has not been convicted of crime (other than political), and should be verified by oath before a United States consular officer abroad.

Regarding the efficacy of such certificates, the report says:

Such a certificate plan would reduce hardships to the absolute minimum; avoid the division of families; save the nationals of other countries the expense, perils, and hardships of the ocean trip to the United States only to find that for some reason the immigrant or some member of his family can not enter. Certificates should be issued only up to the numbers allowed by the quotas, and should be good for six months, so that if an alien came at any time within that period he would not be denied admission as being in excess of the quota allowance. This provision would also stop the rush of aliens at the beginning of each month, and would make possible a more deliberate and more thorough medical

inspection—an improvement very greatly to be desired. Under this plan, the real inspection, medical and otherwise, would be made at our own ports, as it should be, but most of the aliens who would be excluded on examination here would never start on their journey.

In order to prevent our future population from deteriorating physically and mentally, higher physical standards must be required of all immigrants. In addition no alien should be admitted who has not an intellectual capacity superior to the American average. Further, if possible, aliens whose family history indicates that they come of unsound stock should be debarred.

Under general Immigration Act of 1917 the Secretary of Labor has authority to admit certain classes of aliens under bonds. Though in theory this is a humane provision, in practice it has resulted in the admission in past years, of many thousands of aliens who had been certified by competent medical examiners as having such mental or physical defects as constituted them potential public charges, or otherwise highly undesirable elements in our population. The bonds are usually taken out through a surety company by a relative or friend of the admitted alien, or by an immigrant aid society. These bonds in most cases are worthless. For many reasons, in which the relative or friend plays the chief part, the alien admitted on appeal is soon "lost," due to changes of residence, changes of name, removal to another state, or other common schemes for bringing this about. Aliens should not be admitted on appeal over the heads of the medical examiners except in very rare and unusual cases, and in such cases cash bonds in substantial sums, say \$1,000, or more, should be required. This money should be held at interest in the U. S. Postal Savings Bank. If, at the end of five years, the alien has proved to be a self-supporting and desirable citizen, the principal and interest should be returned to him. If on the other hand he has become a public charge, or is otherwise undesirable, the money should be used to help pay the expenses of his maintenance, and to deport him.

Venereal Disease Control in Europe.—The Queen of Belgium through the aid of Cardinal Mercier has given impetus to the work of venereal-disease control in Europe. Through the efforts of the Queen in coöperation with Dr. A. Bayet, President of the National League against the Venereal Peril, a conference on venereal diseases was held in Brussels at the Palais des Sciences, October, 1922. The following is an excerpt from *Le Matin* of Paris (1922):

Little by little prejudices vanish. It has not been a long time that the word syphilis could be used in public without creating a feeling of repugnance, and to-day this false modesty has disappeared. The journal, *Le Matin*, was the first French journal to dare to use the name of the disease, syphilis.

As now understood, this seeming disdain and repugnance maintained by the ignorant, who favor the ravages of a curable affection, amounts almost to criminal negligence in a disease that kills, makes blind, deaf, and insane persons. The more that science advances, the more syphilis seems to be most evil of all maladies. Its microbe reveals itself in fifty diverse diseases which have fifty names, but only one cause.

To think only a few months ago this journal would have announced with considerable prudence that in Belgium two distinguished personages were to lend their aid to a public enterprise against syphilis! It is a truth and a fact. At the appeal of Professor Bayet (M.D.), the Queen of Belgium and Cardinal Mercier have inscribed themselves at the head of the "Belgium National League against the Venereal Peril." Influential financiers were mobilized by the State to fight this scourge. The physicians, people of science, professional persons and others have joined this force.

The Queen of Belgium and Cardinal Mercier, who gave an example of courage during the World War, come now to give a noble example during peace. And the latter is more difficult because in the time of battle military courage was found in all the big roads, while civil courage to-day is found but in streets.

Death Claims Well-Known Publicist.—James Bronson Reynolds, president of the American Institute of Criminal Law and Criminology, died at his home, North Haven, Connecticut, on January first. He was recognized as an authority in various social reform movements, having been a keen student of social affairs both in the United States and abroad. Under Mayor Seth Low of New York City, Mr. Reynolds was executive secretary. Later Theodore Roosevelt, then governor, made him a member of his Tenement House Commission. Upon Mr. Roosevelt's accession to the Presidency, Mr. Reynolds was made special adviser to the President on municipal affairs in the District of Columbia, and Chairman of the special commission to investigate industrial conditions in Panama.

In the social-hygiene field, Mr. Reynolds paid especial attention to the injunction and abatement law and to other legal phases of the program against commercialized prostitution. As an assistant district attorney of New York from 1910 to 1913, and as counsel to the American Social Hygiene Association during its early years, he made many valuable contributions to the work.

Referendum on the American Peace Award's Winning Plan.—The substantial provisions which constitute the plan selected by the Jury of Award, and upon which the vote of the American people is asked, are hereby submitted by the Policy Committee as follows:

I. ENTER THE PERMANENT COURT

That the United States adhere to the Permanent Court of International Justice for the reasons and under the conditions stated by Secretary Hughes and President Harding in February, 1923.

II. COÖPERATE WITH THE LEAGUE OF NATIONS, WITHOUT FULL MEMBERSHIP AT PRESENT

That without becoming a member of the League of Nations as at present constituted, the United States Government should extend its present coöperation with the League and propose participation in the work of its Assembly and Council under the following conditions and reservations:

1. Safeguarding of Monroe Doctrine

The United States accepts the League of Nations as an instrument of mutual counsel, but it will assume no obligation to interfere with political questions of policy or internal administration of any foreign state.

In uniting its efforts with those of other States for the preservation of peace and the promotion of the common welfare, the United States insists upon the safeguarding of the Monroe Doctrine and does not abandon its traditional attitude concerning American independence of the Old World and does not consent to submit its long established policy concerning questions regarded by it as purely American to the recommendation or decision of other Powers.

2. No Military or Economic Force

The only kind of compulsion which nations can freely engage to apply to each other in the name of Peace is that which arises from conference, from moral judgment, from full publicity, and from the power of public opinion.

The United States will assume no obligations under Article X in its present form, or under Article XVI in its present form in the Covenant, or in its amended form as now proposed, unless in any particular case Congress has authorized such action.

The United States proposes that Articles X and XVI be either dropped altogether or so amended and changed as to eliminate any suggestion of a general agreement to use coercion for obtaining conformity to the pledges of the Covenant.

3. No obligations Under Versailles Treaty

The United States will accept no responsibilities under the Treaty of Versailles unless in any particular case Congress has authorized such action.

4. League Open to All Nations

The United States Government proposes that Article I of the Covenant be construed and applied, or, if necessary, redrafted, so that admission to the League shall be assured to any self-governing State that wishes to join and that receives the favorable vote of two-thirds of the Assembly.

5. Development of International Law

As a condition of its participation in the work and counsels of the League, the United States asks that the Assembly and Council consent—or obtain authority—to begin collaboration for the revision and development of international law, employing for this purpose the aid of a commission of jurists. This Commission would be directed to formulate anew existing rules of the law of nations, to reconcile divergent opinions, to consider points hitherto inadequately provided for but vital to the maintenance of international justice, and in general to define the social rights and duties of States. The recommendations of the Commission would be presented from time to time, in proper form for consideration, to the Assembly as to a recommending if not a law-making body.

Below is the form of ballot suggested to Editors:

<p>THE PLAN IN BRIEF</p> <p>Proposes</p> <p>I. That the United States shall immediately enter the Permanent Court of International Justice, under the conditions stated by Secretary Hughes and President Harding in February, 1923.</p> <p>II. That without becoming a member of the League of Nations as at present constituted, the United States shall offer to extend its present co-operation with the League and participate in the work of the League as a <i>body of mutual counsel</i> under conditions which</p> <ol style="list-style-type: none"> 1. Substitute moral force and public opinion for the military and economic force originally implied in Articles X and XVI. 2. Safeguard the Monroe Doctrine. 3. Accept the fact that the United States will assume no obligations under the Treaty of Versailles except by Act of Congress. 4. Propose that membership in the League should be opened to all nations. 5. Provide for the continuing development of international law. 	<p>JOURNAL OF SOCIAL HYGIENE, 370 Seventh Ave., New York City</p> <p>Do you approve the winning plan Yes <input type="checkbox"/> <i>in substance?</i> No <input type="checkbox"/> (Put an X inside the proper box.)</p> <p>Name..... Please print.</p> <p>Address.....</p> <p>City....., State.....</p> <p>Are you a voter?..... Mail promptly to</p> <p>THE AMERICAN PEACE AWARD 342 Madison Avenue, New York City</p> <p>If you wish to express a fuller opinion also, please write to the American Peace Award</p>
--	---

Individuals or organizations may secure any number of copies of the text of the winning plan and ballot, by applying to the American Peace Award, 342 Madison Avenue, New York City. The full text of the plan, a digest of it, and the ballot are contained in compact form in a leaflet which will fit without folding into a number ten envelope.

Changes in Sex Morality Among Women.—Has the wider acceptance of the single standard of morals brought with it a greater degree of chastity among men, or has it meant largely a loosening of the stricter code of sex morality formerly applied to women? Many recent writers incline to the latter view, even those who agree that the slogan "Down with the double standard" was intended, at first, to signify a raising of the male, rather than a revolutionary changing of the female standards.

In *Current History* (November, 1923), Alyse Gregory, writing on "The Changing Morality of Women" calls this looser moral attitude in women "a state of affairs the existence of which can no longer be denied." She traces standards through the Middle Ages and the Victorian Era and, after describing changes brought about through the invention of machinery, she closes her discussion with a few paragraphs on the effect of the war and on the "more tolerant standards" now prevailing.

Of the after-war period down to and including the present, the author says:

However unwilling one may be to acknowledge it, girls began to sow their wild oats. Women of the aristocratic upper classes and the poorest women had never followed too rigidly the cast-iron rules of respectability because in neither instance had they anything to lose by digressing. But for the first time in the memory of man, girls from well-bred, respectable middle-class families broke through those invisible chains of custom and asserted their right to a nonchalant, self-sustaining life of their own with a cigarette after every meal and a lover in the evening to wander about with and lend color to life. If the relationship became more intimate than such relationships are supposed to be, there was nothing to be lost that a girl could not well dispense with. Her employer asked no questions as to her life outside the office. She had her own salary at the end of the month and asked no other recompense from her lover but his love and companionship. Into the privacy of her own snug and pleasant rooms not even her mother or her oldest brother could penetrate, for she and she alone, unless perhaps one other, carried the only key that would fit the lock.

That this picture is a limited one however, she admits, and one of her conclusions is that many, even those who now revel in the new freedom, will find that marrying is worth while.

This is not to imply that over vast stretches of the United States, and certainly in the small towns and villages, young girls and women in bourgeois homes are not living lives of impeccable chastity, but in the great cities in those circles where women from twenty-five to thirty-five can control their own purse

strings many of them are apt to drift into casual or steady relationships with certain men friends which may or may not end in matrimony. Undoubtedly in time these men and women will rediscover that monogamy has after all its many advantages, but it is unlikely that the Western World will ever again ask of women that strictness in behavior which it has never demanded of men. On the other hand certain unfair privileges still accorded her under the law will undoubtedly be changed, as will those laws which discriminate against her.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

The following letter and review offer a helpful suggestion to those who wish to advance social-hygiene progress in a most effective way. Publicity for worthwhile literature means that more persons will read and benefit by it. In this connection may we call your attention to the book lists appearing in *The Survey*. (*Editors' note.*)

TO THE EDITOR:

December 28, 1923.

I am happy to enclose a copy of *The Farmer's Wife* in which you will find a thoughtful review of the book, *The Way Life Begins*, by Bertha C. and Vernon M. Cady.

In my general correspondence I often refer farm women to the American Social Hygiene Association for books on the subject of sex. This is one of the most vital subjects there is and I wish that every woman could have put in her hands the highest class of books on this subject to be found.

Yours sincerely,

ADA MELVILLE SHAW,
Managing Editor.

THE REVIEW

There is something pitiful in the helplessness of the average mother and father when growing children ask direct questions as to the processes of conception and birth. False ideas of modesty, wrong ideas about the whole matter of sex result, too often, in actual tragedy. Many a sweet-natured little girl and manly boy have had their whole lives spoiled because their parents deliberately let them take their first knowledge of the sacred and beautiful processes of Life as manifested in reproduction, from foul-mouthed boys and girls who, in their turn, never would have been foul-mouthed if *their* parents had seen to it that

the knowledge to which all children are entitled had reached them through pure and correct channels. Now and then a perplexed mother writes to *The Farmer's Wife* asking, "How shall I tell my child?" That is a question she must answer for herself as she alone knows her child and her child's needs. However, there are books that help us. I have just been reading one of them, *The Way Life Begins*, by Bertha C. Cady and Vernon M. Cady. This book is not "secret" nor sensational—it is beautiful, it is scientific (and by that I mean it is true to nature's facts) and it is so simple that any mother who herself has had but a rural school education can read and understand it. Teachers who need something of this kind to assist them in answering questions which pupils may ask them, will find the book very helpful.

The farm mother has wonderful help which the city mother does not have, in explaining to her children the processes of reproduction, for on the farm and along every roadside, nature is reproducing herself and the keen eyes of children watch and wonder and the keen little minds draw their own conclusions. But even so, they need fuller knowledge and this book will furnish mothers with a clue as to how to use the helps nature gives. Beginning with a study of the lily, the authors, in text and illustration, explain the exquisite workshop in which Mother Nature produces seeds from which lily plants may grow. This chapter is followed by other chapters on the reproduction of life in the moth, the fish, the frog, the chick, the rabbit, the human being, closing with a very thoughtful chapter on nature study and the personal problems of life.

This book, to the notice of which I have wished to give generous space, is one of many and varied publications on the same subject put out by The American Social Hygiene Association, 370 Seventh Avenue, New York City. It may be that you do not need just such a book as *The Way Life Begins* but would like something on the same general subject and emphasizing a somewhat different line of thought. Then, if I were you, I should write to the address just given and ask for a list of the books put out by The American Social Hygiene Association, embodying in your letter to them a clear outline of what you feel you need. They will send you a full list, with prices.

* * * *

January 2, 1924.

TO THE EDITOR:

In some form, a bill to limit and to select immigration is practically certain to pass Congress this winter. The recent hearings on the Johnson bill have naturally aroused widespread interest and some opposition. The vast majority of our people are undoubtedly strongly in favor of permanent limitation of the numbers of our future immigrants, and also of a very careful selection of all aliens who enter the United States. President Harding expressed himself on more than one occasion as convinced that we should carefully select our

future fellow-citizens. In his Message to Congress (Dec. 6, 1923), President Coolidge said: "It is necessary to continue a policy of restricted immigration. It would be well to make such immigration of a selective nature with some inspection at the source." The present Secretary of Labor has taken the same stand, as has the Commissioner-General of Immigration. The Chairman of the House Committee on Immigration, Honorable Albert Johnson, is a strong advocate of numerical limitation and of rigid selection. The American Federation of Labor, and many other organizations of different kinds have taken a firm stand for rigid restriction. Dr. H. H. Laughlin, who recently made an extensive investigation of the socially inadequate classes in over 400 public institutions in the United States, is now abroad, studying the feasibility of organizing a system of examination of intending immigrants overseas. The Committee on Selective Immigration of the Eugenics Committee of the United States of America, having carefully studied the present and the probable future conditions of immigration, has constructed a full report on this very important national problem. It is difficult to believe that anyone with the general welfare of our country at heart could fail to support any legislation which would prevent undesirable and physically or mentally handicapped individuals from becoming part of our population.

SUB-COMMITTEE ON SELECTIVE IMMIGRATION.

BOOK REVIEWS

MEN, WOMEN, AND GOD. A Discussion of Sex Questions from the Christian Point of View. By the Reverend A. Herbert Gray, D.D. New York: George H. Doran Company, 1923. 199 p.

The clergyman, by his position as spiritual advisor, is constantly coming into contact with difficult individual, family, and social problems, arising from sexual maladjustments. The author of *Men, Women, and God*, a pastor himself, presents in this volume his attitude on the significance of the sex factor in human life, a discussion of sex problems which have come under his observation, and suggestions for the application of the principles of the Christian religion for wholesome sex-social adjustments. He treats the problems of masturbation, prostitution, comradeship, marriage, and sex-social influences. All of these discussions are inspirational and general, with a minimum of attention to pathology. He has to say of sex that "an influence so

strong, so profound, and so universal, must have some fine significance in the divine scheme of things. It is an element in humanity which must affect the whole life." Because of this place of sex in life he makes a plea for wholesome frankness in satisfying the child's natural curiosity as to reproduction and sex relations.

He has none of the fears which obsess the great majority of adults in this regard (p. 8). "When your little girl or boy asks how babies come, tell them they could not understand, but that you will tell them as soon as they are old enough. . . . Then very early, tell them at least that babies come from the bodies of their mothers." He is certain that such a course will create a reverence for sex and for the mother. "The first bit of knowledge imparted . . . will often beget a new attitude of regard and chivalry in children toward their mothers."

But of course sex education of children must go further than this. This position is in general pedagogically sound. Curiosity is an important element in the sex phenomena of the child and the only way to counteract the satisfaction of this natural curiosity with perverted knowledge is by seeing that true and sound information reaches the child first. The most appropriate time is before puberty. At this time the child will accept the plain, good, and beautiful truth about his being as a matter of course. The problem is not, after all, so much the reaction of the child to properly graded sex information but it is the attitude of the parent, who in most cases is unable to converse in a sane, wholesome, and truthful manner because of false attitudes, ignorance of the sex factor and its place in the physical, mental, spiritual, and social adjustment of the child, and the meager parental equipment in child psychology.

We are going through an era of changing conventions in relation to comradeship between the sexes, including adolescents. Many of the older generation are disturbed by the casting aside of old standards governing the association of the sexes. The author approaches this difficulty with commendable caution. "We are still at the experimental stage in travelling through this new country that has opened up to us within the last twenty years; and if that is a reason for being charitable about mistakes, it is also a reason for being alert to find the right paths." He is hopeful that "students as a class" will "find out the right standards and conventions, that will lead

to a high, spirited, and wholesome association," and he believes that these students can make a definite contribution to the nation at large in this discovery.

In the discussions of the application of the principles of religion for proper sex adjustments, the author is most general, indeed vague, in many of his statements. Excellent opportunity has been lost for giving suggestions for the practical use of the powerful motives and emotions of religion in the direction of the sex emotions and conduct. Many of the elements of religion are in part sublimations of sex and are important in building the kind of character essential to a wholesome sex life.

However, this volume is significant in that it reveals an appreciation of the churchman's responsibility for understanding the importance of the sex factor in human life, because of the many problems that come under his notice.

F. O. N.

BRIEFER COMMENT

HOME AND COMMUNITY HYGIENE, A TEXTBOOK OF PERSONAL AND PUBLIC HEALTH.

By Jean Broadhurst. 2d ed. rev. and enl. Philadelphia: J. B. Lippincott Company, c. 1923.

The first edition of this book was issued in 1918. In this new edition the chapter on "Sewage Disposal" has been entirely rewritten and the general bibliography has been revised and brought up to date. Unfortunately the problem of social hygiene has been entirely ignored in this second edition as it was in the earlier one. Syphilis and gonorrhea are briefly mentioned in the chapters on "Infant Welfare," "Tests for Disease," etc., but that is all.

It is to be regretted that a book which is so complete and so useful in other respects should pay no attention to this most important branch of both "home" and "community" hygiene.

MEMORIAS DO INSTITUTO OSWALDO CRUZ. 1922, tomo 15, fasc. 1. Rio de Janeiro, 1923.

Several of these scientific studies will be of interest to readers of the JOURNAL. Dr. Carlos Chagas describes the discovery of *trypanosoma cruzi* and of American trypanosomiasis. In connection with this study he found that syphilis was "an extremely rare occurrence amongst the inhabitants of the interior, where it is taken only by newcomers from more civilized and contaminated zones." Dr. Antonio Eugenio de Area Leao proves that the Wassermann test is a valuable aid in diagnosing Leishmaniasis which at certain stages is easily confused with syphilis, since the test shows positive only when the patient's disease is complicated by the actual presence of syphilis. A third paper describes a number of cases of syphilis in the adrenals.

THE RUNABOUTS (CHILDREN FROM TWO TO SIX YEARS) IN THE HOUSE OF HEALTH.
New York: American Child Health Association, 1923.

This very attractive little booklet has been prepared for the guidance of parents of young children. In addition to advice about food, sleep, and other requirements of physical health, helpful suggestions for "banishing undesirable habits" and establishing "good habits" are given, and "a book shelf for fathers and mothers" will suggest additional reading for those who wish it. The pamphlet is sponsored by the Medical and Nursing Committee of the American Child Health Association.

YOUTH AND THE RACE. The Development and Education of Young Citizens for Worthy Parenthood. [Being the Fourth Report of . . . the National Birth-rate Commission, 1920-23.] New York: E. P. Dutton & Co., 1923.

The attention of the British public having been called to the moral perils of young people by the report of the Cinema Commission, the National Birth-rate Commission decided to concentrate this most recent investigation on the period of adolescence. The investigation followed physiological, psychological, educational, and sociological lines, with emphasis on the ethical problems involved.

In the matter of sex instruction, the Commission goes on record as being convinced that such instruction should be given, that it should begin in early childhood, and that it should be adapted to the child's needs. The commissioners were generally agreed that the first responsibility for teaching the children rests upon the parents, but too often home conditions are detrimental to the emotional development of children, and in many cases parents are anxious to shirk their responsibilities, consequently teachers must assume the task of giving sex instruction to their pupils, and in order that they may do it wisely and well, the Commission urges that they receive special training.

The social, religious, and industrial aspects of life in their relation to young people were also touched upon in the investigation, and recommendations for adequate, wholesome, well-supervised recreation were adopted.

VENEREAL DISEASES. Appendix to Diagnosis and Treatment. Report of the Medical Committee of the Canadian Social Hygiene Council. Ottawa, Canada: Department of Health, 1923.

The final report of the Medical Committee of the Canadian Social Hygiene Council on the "Diagnosis and Treatment of Gonorrhea and Syphilis" is a pamphlet of twenty-five pages. It represents the latest and best thought on the subject. The Committee is composed of thirty-five doctors and the various portions of the report were prepared by five sub-committees, their subjects being respectively "Payment of Physicians," "Wassermann Reaction," "Gonorrhea in the Male," "Diagnosis and Treatment of Syphilis," and "Gonorrhea in Women and Children." The editing was under the able supervision of Dr. J. J. Heagerty, Chief of the Division of Venereal-Disease Control. The Canadian Committee has performed a valuable service and it is to be congratulated on this contribution to our knowledge of the venereal diseases.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

JANET F. MELVAIN

Executive Librarian, National Health Library

- Action taken on the report of the committee of inquiry on v. d. by the N. C. C. V. D. and the S. P. V. D. *Health and empire* (London), 2:37-38, November 1923.
- The Bombay prostitution act. *Indian social reformer*, 34:146, November 3, 1923.
- The campaign against objectionable literature. *Public health journal* (Toronto), 14:518-22, November 1923.
- EMGE, L. A. The birth rate: a factor in national welfare. *California state journal of medicine*, 21:455-56, November 1923.
- EVERETT, R. H. Social hygiene and public health. *Journal of social forces*, 2:61-64, November 1923.
- JOHNSON, G. E. The need of training for parents. *Mother and child*, 4:559-63, December 1923.
- KENSIT, M. A social study of clinical cases. *Public health journal* (Toronto), 14:512-17, November 1923.
- MACNICOL, M. Venereal disease in children of school age. *Health and empire* (London), 2:33-34, November 1923.
- MUNGER, E. Educational problem of the juvenile correctional institution. *Ungraded*, 9:49-53, December 1923.
- National council of women of Great Britain and Ireland. Edinburgh conference. *Health and empire* (London), 2:36-37, November 1923.
- Opinions and resolutions adopted by the general meeting of Congress international de propagande d'hygiene sociale et d'education prophylactique, sanitaire et morale, Paris, 27th May 1923. *Health and empire* (London), 2:38-39, November 1923.
- Ottawa social hygiene council. Exhibit for "men only," Central Canada exhibition, Ottawa, Ontario, September 7th to 17th. *Public health journal* (Toronto), 14:506-9, November 1923.
- Review of venereal disease activities during the fiscal year ended June 30, (U. S. public health service), 4:383-1923. *Venereal disease information*, 394, October 20, 1923.
- ROBERTS, C. S. L. The relation of syphilis to obstetrics. *British medical journal*, p. 971-75, November 24, 1923.
- SPALDING, A. B. The incidence of venereal disease in patients suffering with sterility. *California state journal of medicine*, 21:457-58, November 1923.
- Suppression of traffic in women and children. *Vigilance record*, no. 9, p. 65-71, October 1923.
- Teaching bad girls to be good. *Better times*, 4:12-13, 26, December 1923.
- Union internationale contre le peril vénérien. *Health and empire* (London), 2:34-36, November 1923.

Journal of Social Hygiene

VOL. X

FEBRUARY, 1924

NO. 2

SOCIAL HYGIENE AND PUBLIC HEALTH*

HUGH S. CUMMING, M.D.

Surgeon General, U. S. Public Health Service, Washington, D. C.

Before discussing social hygiene and public health, I would like to define each of these terms as they will be considered in this presentation of the subject. Social hygiene will be regarded as including, among other sociologic matters, all those measures which are for the purpose of causing adolescents and adults to lead a rational sex life. A rational sex life means the physiological functioning of one of our fundamental instincts in a manner which complies with legal, moral, and ethical standards.

To me, public health comprises every measure which promotes better physical and mental development, as well as those measures which enable one to avoid diseases and injuries which are preventable. With these conceptions of social hygiene and public health, it is obvious that social hygiene may be regarded as one phase of public-health work. In my opinion, it is one of the most important of those human efforts

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 6, 1923.

which have for their object the improvement of the human race. I believe that there is much evidence to show that this conception of social hygiene and public health is rapidly becoming general among the thinking people of the world.

Let us look back for a moment, to a decade or so ago, and compare conditions then, with those now existing. Ten years ago, the constituted health authorities of the federal, state, county, and municipal governments were engaged in the prevention of communicable diseases, and were making progress in lessening the number of cases of tuberculosis, typhoid fever, smallpox, and other diseases which were accepted by the general public as subjects for general discussion. But at that time, the states that included the venereal diseases as dangerous communicable diseases to be reported could be counted on the fingers of one hand. Practically nothing was being done by the federal health authorities or by cities, counties, or states to check the spread of syphilis and gonorrhea or to lessen the social damage of these diseases among innocent women and children. The U. S. Public Health Service, however, for a number of years included venereal diseases among the list of diseases preventing immigrants having loathsome or dangerous contagious diseases from landing in the United States.

You will note that I said progress was being made in controlling diseases about which one felt no hesitancy in discussing in public. I would emphasize the fact that the first step in correcting any of these detrimental conditions is educational publicity. The general public cannot be expected to support a movement of which they know little or nothing. We can clearly see that the progress that has been made in social hygiene and public health follows along behind the enlightenment of the general public on questions of health, morals, and better standards of living.

Five years have now passed since the passage of the Chamberlain-Kahn Bill, which resulted in the establishment of the United States Interdepartmental Social Hygiene Board and of the Division of Venereal Diseases in the United States

Public Health Service. Funds made available by this bill have assisted the various state departments of health, also, to inaugurate programs of venereal-disease control. This work has been aided by the annual allotments made to states through the U. S. Public Health Service. Working together, the federal and state health agencies have established over 500 venereal-disease clinics, and approximately 600,000 persons have been treated. This does not take into account some 300 clinics, not subsidized by federal and state funds, or the tremendous stimulus given to the private treatment of these diseases by the scientific discoveries mentioned and by the publicity attendant upon the development of the venereal-disease program. Simultaneously, the quack treatment of infected persons has decreased. Newspapers have eliminated much of the quack advertising, and druggists have assisted in checking the sale of nostrums. Furthermore, scientists in this country, supported by federal funds, have initiated new scientific studies which already have made possible improved methods of treatment and which promise even more important results in the future. It is believed, also, that scientific treatment has been greatly stimulated through the periodical, *Venereal Disease Information* prepared and distributed by the U. S. Public Health Service.

It would be out of place for me to review before this audience the reasons for the tremendous change of attitude on the part of the general public toward social hygiene because these reasons are too well known to you, and because you have had no small part in bringing about the present enlightenment and the intelligent view of so many people toward the facts of sex, of social hygiene, and of public health.

If we are to extend the practice of a rational sex life, and if we ever succeed in reducing to a minimum the number of preventable diseases and injuries, those engaged in promoting social hygiene and public health must continue to advocate and inaugurate certain principles of practice that will accomplish the desired result.

Let us briefly consider these prerequisites for success.

First, it seems to me we must extend educational publicity and begin early if adolescents are to enter upon a rational sex life, for of necessity the training must be given them before the age of pubescence. It seems to me that it is no more possible to have all this important training along social-hygiene lines given in the home, than it is possible to give complete information in the home in regard to avoiding preventable diseases.

The educational systems of our country should make provision for instruction in health questions, for giving information to those children who would not otherwise hear health promotion intelligently discussed, and for supplementing the home training of the more fortunate ones.

Sex instruction should be given in schools, in my opinion, as an integral part of health education which should be interwoven with those courses of study where it can best be introduced without focusing the child's attention on sex. It is obvious that much health instruction could well be included in biology, where many important facts of sex information may be discussed. Then, too, physiology and hygiene in the schools offer an opportunity for general-health and social-hygiene information to be imparted. Other studies, such as general science, history, civics, economics, sociology, and particularly the physical education work may properly include health education, in which the problems of sex are given the treatment which their importance deserves.

I am not attempting to suggest a method of introducing sex education in schools, but merely desire to invite attention to the fact that public-health education and social-hygiene training are so interrelated that each is a part of the other. The question of sex education in schools is, of course, not a new subject. In January, 1920, 8.5 per cent of 12,000 high schools in the United States were giving sex education as a part of their curriculum. Why should not all these 12,000 high schools make sex or social-hygiene education a part of health education and interweave the subject through those courses of study where it can be incorporated? While it is

obviously necessary to instruct children in health promotion and social hygiene, it is also necessary to give information to parents, teachers, and other adults.

The U. S. Public Health Service and the various state departments of health have distributed over 30,000,000 pamphlets. They have been widely read and apparently greatly appreciated. About 45,000 lectures, attended by over 6,000,000 persons, have been given before business men's associations, women's clubs, fraternal orders, and many similar organizations. These lectures are held in great factories, as well as in isolated rural communities; they are attended by rich and poor; they reach all classes of the population. Over 5000 industrial establishments have undertaken venereal-disease educational work. While a railroad in the southwest established four venereal-disease wards in one of its hospitals, a banker sent for 5000 pamphlets to inclose in his monthly trade letter to manufacturers and business men. Motion pictures have been shown to over 7500 assemblies; exhibits and lantern slides to approximately 25,000 audiences. About 1,000,000 young men and boys have seen the "Keeping Fit" exhibit. Venereal-disease placards—150,000 in the entire country—have been posted by virtually all the state departments of health in railroad stations, parks, and similar places. Seventy-nine conferences for educators have been held. In addition, a large number of lectures have been given to teachers and to students preparing themselves in normal schools and schools of education to become teachers. The U. S. Public Health Service publication, entitled *High Schools and Sex Education*, has been used extensively by educators during the past year, and last month the Service issued a new card exhibit for high-school teachers which will serve, it is believed, as a basis for many local conferences on sex education in the high school. The Service has recently inaugurated the publication of a periodical entitled *Social Pathology*. The purpose of this publication is to supply information to persons interested in correcting those pathological conditions of society which influence

so largely the incidence of venereal diseases. The state venereal-disease programs include the teaching of sex hygiene in order to prevent sexual delinquency. The Service film, "The Science of Life," has materially aided this program.

The present generation can accomplish much through information to its own contemporaries in regard to disease prevention, and in regard to promotion of better physical condition through strengthening resistance to communicable diseases, including the venereal infections.

In 1920, within the registration area of continental United States, which then comprised 82 per cent of the population, the number of deaths was 1,142,558. The greatest single cause of death during the year (excluding pneumonia and influenza because of the epidemic then waning) was syphilis. If we are to accept the estimate of the Bureau of the Census, it caused 12 per cent of these deaths. Organic diseases of the heart came next, with 10.9 per cent; tuberculosis next, causing 8.7 per cent of deaths. In the great Commonwealth of New York, with a population of over 10,000,000, there were reported, during 1922, to the State Department of Health, virtually as many cases of syphilis as of tuberculosis (23,246 cases of the former and 23,415 of the latter). This leaves out of account 9694 cases of gonorrhea. Many facts, which would be startling to the uninitiated, might be given to show that syphilis and gonorrhea constitute the most difficult and most disastrous communicable disease problem of the present time. It is unfortunate that our familiarity with the facts has made them less startling than they are in reality.

For the successes thus far achieved in the program of combating venereal disease, the American Social Hygiene Association deserves much credit. While the federal, state, and municipal health authorities are the responsible official agencies in the handling of all disease problems, such volunteer associations, as the national organization whose meeting we are now attending, and the Missouri Social Hygiene Society, are in a position to aid these official activities. This assistance

would be of great value in the development of those measures which will ultimately result in the control of these infections.

We are going along parallel lines in the effort to lengthen life, avoid disease, strengthen the body and mind in order to promote efficiency, and to establish a rational sex life among the people. The public-health worker is aiming to improve the generations to come, and to add to the efficiency and happiness of life. To do this, cognizance is taken of both medical and socio-economic conditions, of the present population. The great work that has been done during the past few years in educating the laity in public health has included education in social hygiene for the reason that social hygiene is a definite part of public-health functions.

There is another phase of the work which may be briefly mentioned. While education is essential, and necessarily individual, there is a community phase that is also important. I refer to the improvement in environment. In public-health work, there are some diseases which can be controlled almost entirely through community effort—typhoid fever, for instance, has been practically eliminated in certain cities through improvement of public water supply.

The elimination of restricted districts, where facilities were offered for the practice of an irregular sex life, has done much to promote good health and decrease the prevalence of venereal infections. The changed attitude of the public toward "red-light districts" has been most encouraging. A few years ago, the idea that prostitution could be regulated by the police and by medical inspection, so as to be comparatively safe, was quite general among those who were responsible for city government in the United States. This phase of the work is another outstanding point where public-health work has accomplished much because it included the removal of important sources of infection, just as public-health work would remove sources of infection in typhoid fever or malaria.

The lessening of available prostitutes has decreased the opportunity for promiscuous sex contact and thereby lowered the number of venereal infections. At the same time, it has

enabled many adults to lead a rational sex life, who otherwise would have succumbed to the influence of a detrimental environment.

The environment of boys and girls, and of young men and women has been greatly improved during the past few years, not only by the elimination of opportunities for dissipation, but by the constructive work of providing wholesome recreation as a substitute.

In connection with limiting opportunities for exposure to venereal diseases, it should be mentioned that segregation of infected persons is a measure of value. No one would think of allowing a leper or one suffering from smallpox to roam at large and expose others. Then, why should we have divergent views expressed on the usefulness of isolating certain persons who have gonorrhea or syphilis in a communicable stage?

There is another important common phase of public-health and social-hygiene work to which reference may be made. We are all more or less familiar with the fact that studies of sex delinquents show that a large proportion of such offenders have subnormal mentality. In the case of mentally subnormal persons who are infected with venereal disease or who are leading an irregular sex life, it is certainly to the advantage of society to place such persons under custodial care in an institution. One feeble-minded person may become the parent of many mentally defective children. One of the duties of local governments is to protect itself from the multiplication of such useless citizens by making it impossible for mentally deficient persons to become parents. Such a procedure promotes public health and protects the community. In my opinion, however, this object cannot be attained by the promiscuous distribution of information regarding so-called birth control or contraception, nor do I think it wise for this society to advocate the use of the mails for the teaching of procedure which will not attain the end to be desired, but will deliberately offend the moral and ethical sense of large groups of intelligent and conscientious people.

Another encouraging development in the field of public

health is the great improvement that has taken place in the quality of medical service at present being rendered to persons with venereal infections. Ten or fifteen years ago and even more recently, the men of outstanding professional ability who made a specialty of treating venereal diseases were comparatively few. Free clinics for venereal-disease patients were almost unknown, except at medical schools and hospital dispensaries. Now, there are an increasing number of competent physicians who give adequate professional service to persons suffering from venereal infections, and there are hundreds of efficient free clinics. Not only has progress been made in the actual methods of treatment, but the attitude of both private and clinic physicians toward the venereal patient has greatly changed. Physicians at present are accepting, to a greater degree, their community responsibility for the care of persons infected with venereal disease. They are trying to get such patients to continue under treatment until cured. The U. S. Public Health Service urges prompt detection and adequate treatment in all stages of venereal diseases as one of the most efficient measures in their control. The distribution of printed instructions to patients with venereal disease is now almost the universal custom of those physicians who treat such cases. These printed instructions are nearly always supplemented by personal advice which cannot but result in much better protection to the associates and families of the infected ones.

This brief presentation is for the purpose of pointing out the fact that hygiene, whether social or sanitary, is an important public-health function.

SOCIAL RESPONSIBILITY FOR THE CARE OF THE DELINQUENT GIRL AND THE UNMARRIED MOTHER *

KATHARINE F. LENROOT

Children's Bureau, U. S. Department of Labor

For centuries the delinquent girl, especially the sexually delinquent, has been subjected to humiliation and ostracism. These primitive weapons have been used by society, against one sex only, in defense of the sanctity of the home and the family. If the delinquency resulted in motherhood outside of wedlock, the penalties were more severe and the mother was left to care for the child unaided, or to abandon it to the mercy of strangers. Only recently are we coming to see that delinquency is the result of the interaction of complex forces, and that the community must share with the individual the responsibility for social maladjustment. Moreover, we are embodying in our laws the theory of the State as *parens patriae*, and are bringing under the protection of the State, not only the dependent and the defective, but also the young delinquent. Recent legislation clearly indicates a tendency to extend the age under which the State may intervene to protect and not to punish.

It need not be argued that society is responsible for the care of the delinquent girl and also of the unmarried mother who has failed to live up to prescribed standards of conduct, and who often is very young. Studies have shown that in a pathetically large proportion of cases, the mother out of wedlock is a child herself—under 18 years of age—and that in from more than one third to more than one half of the cases, she is under the age of 21 years.

The methods by which social responsibility is to be exercised demand careful study. Much of social work to-day is

* Read at the Annual National Social Hygiene Conference, St. Louis, Mo., November 6, 1923.

directed toward securing socially desirable conduct by positive instead of negative means—a maximum of opportunity for individual development and a minimum of repression. Instead of segregation in institutions, we are in many cases trying to adjust asocial individuals to life in the community. Such an adjustment is less expensive than segregation and makes possible the maximum development of human capacity.

In the field of delinquency as in the field of health, the development of means of prevention must follow the study and treatment of cases—the steps toward a delinquent career must be traced backward until a considerable body of experience is accumulated. Nevertheless, I would list first under the head of social responsibility, the responsibility for the prevention of delinquency. It is a truism that the home, the school, and the church are the normal agencies for character building, and to these might be added the playground and such group activities as are fostered by social settlements, the Y. W. C. A., the Girl Scouts, and the Campfire Girls. The school and the church can not detect and deal with incipient antisocial conduct, unless they are equipped for that form of service to individuals and families, which we call “social service.” The home which is failing in its function of character building cannot be aided, unless the various agencies which come in contact with the home are able to make the necessary diagnoses and to give or secure through other agencies the needed treatment.

The Commonwealth Fund's Program for the Prevention of Delinquency has recognized the importance of the school by including the development of the work of the visiting teacher. Such skilled service as is being rendered by visiting teachers in a few of our cities, uniting as it does the home and the class-room teacher and such other agencies as are necessary in constructive effort for the unadjusted child, is pointing the way toward the fuller participation of the school in preventive work. In discussing one of their case studies—the case of a 13-year-old girl—the directors of the Judge Baker Foundation call attention to the frequency with which

“there is reflected in the school history change of attitude and interests that are concomitant with the beginnings of delinquency. Thus, in the school, danger signals often can be observed very early, though not invariably. Were the school equipped to function in connection with such situations, there would be the best chance of doing preventive work.”¹

The correlation between bad home conditions and delinquency has been strikingly shown in various studies. The Children's Bureau tabulated the home conditions of almost 11,000 children appearing before seven juvenile courts, and found that 40 per cent came from homes in which one or both parents were dead or in which there was divorce, separation, or desertion. A study of delinquent children in the state training schools of two rural states showed that in 39 per cent of the cases there was no parental home or only one parent was present, and in 17 per cent there was a step-parent in the home. In a survey in Cincinnati, made by the National Committee for Mental Hygiene, in 1922, it was found that three out of five of a typical group of juvenile delinquents examined had parents who had already been problems to the various social organizations of Cincinnati, in some cases a great many times. Seventy per cent of the children and 90 per cent of the girls came from homes in which parental conditions and parental supervision received the very lowest possible ratings.² Dr. Anderson in commenting on this study, says: “We were impressed by the fact that the most important influences in the lives of these children were not to be found in the material conditions of the home—its sanitation, and so forth—but in the personalities with which the children daily came in contact, in the moral, intellectual, and religious

¹ Judge Baker Foundation, Case Studies, Series 1, Case 9, p. 11-a.

² *What Shall We Do About Our Mental Hygiene Problem?* A Brief Summary of the Report of a Year's Survey of the Mental Hygiene Problem in Hamilton County, Ohio, by the National Committee for Mental Hygiene. The Public Health Federation, Cincinnati, 1922.

atmosphere of the home, in character training, parental control, and supervision.”³

If the Cincinnati proportion of children known to social agencies exists in other urban communities, or if even half that proportion exists, the possibilities of preventive work by welfare agencies are very great. Some of the cases published by the Judge Baker Foundation are suggestive in this connection. In a discussion of one of these cases the statement is made: “We are inclined to believe that the visitor of the social agency who was in and out of the home so much could have foreseen the possibility of trouble arising had she known at all the psychology of adolescence.”⁴

Again, in discussing a case, the directors of the Foundation state: “It is our experience that the fewest of resources exist among social workers for modifying the subtler forces in family life, especially as they are represented in the inter-relationship of members of the family.”⁵ It is the belief of the directors that one of the next great steps that must be undertaken in social understandings and constructive social work is the development of understandings leading to modification of these forces at work in family life, when they mar the careers of either parents or children.⁶ There is no doubt that psychiatry has been greatly enriched by the technic developed in social case work. Case workers must include in their equipment some knowledge of the principles of psychiatry and must utilize to the fullest extent the clinical facilities available, if they are to make the greatest use of their opportunities.

In preventive work with individual families, the Women’s Coöperative Alliance of Minneapolis is developing a program unique for its comprehensiveness. This program includes

³ *The Psychiatric Clinic in the Treatment of Conduct Disorders of Children and the Prevention of Juvenile Delinquency*, by V. V. Anderson, M.D., The National Committee for Mental Hygiene, New York City, 1923.

⁴ Judge Baker Foundation. Case Studies, Series 1, Case 9, p. 11-a.

⁵ *Ibid*, Case 17, p. 31-a.

⁶ *Ibid*, p. 32-a.

visits to all the mothers residing in given districts by agents skilled in giving information and advice with reference to social hygiene and other problems which the mothers need to discuss with their children, and to juvenile laws, community conditions, and social and civic agencies. These agents report to the Research and Investigation Department concerning conditions which may contribute to delinquency. Service of this kind reaches families untouched by the usual type of family welfare agency.

The second responsibility of society toward the delinquent girl is scientific study of her problems and her needs that will help her to evaluate her own assets and liabilities and will form the basis for intelligent treatment. The longing to be understood in the journey through life is one of the deepest longings of the human heart. Psychiatric study followed by understanding supervision can often satisfy this instinct in a sound and constructive way. Not so long ago, the question as to whether a delinquent girl or an unmarried mother should be given a psychological examination depended upon whether the agency suspected her of being subnormal or feeble-minded. The psychiatric clinics which form a part of the Commonwealth Program for the Prevention of Delinquency, the work of Dr. Healy and Dr. Bronner in Boston, Dr. Taft in Philadelphia, Dr. Glueck and Dr. Kenworthy in New York, are showing how helpful psychiatric study may be in working out the problems of unadjusted individuals of whatever grade of mentality. Psychiatric study is especially valuable in the case of the unmarried mother who must meet her own burden and who has the added responsibility of a child, since it gives a basis for decisions as to whether or not she should keep her baby, what her mode of living should be, and what vocational opportunities should be opened to her.

With reference to treatment, the agency which is making the plans should have available, first of all, a wide variety of resources, so that scientific study may lead to careful adaptation of treatment to needs. So often, juvenile courts are practically forced to choose between commitment to a correctional

institution and probationary supervision, usually in the girl's own home. Scientific study is expanding the limits of non-institutional treatment of delinquency, with respect both to defective individuals and to those whose delinquency has been serious and prolonged. The experiments in the parole of the feeble-minded, being carried on by Dr. Fernald, Dr. Wallace, and others, are showing that the old hypothesis that every female defective is likely to become sexually delinquent is not universally applicable. Greater weight is being given to personality traits as determining conduct, and less to the grade of intelligence. Dr. Healy has shown how individualized treatment may bring success even in a very difficult problem. He describes a girl whose "delinquent tendencies have been gradually overcome by numerous specifically corrective influences and adjustments made from time to time as need has arisen. A more routine procedure under the law would most likely have broken the girl's spirit and neglected her good possibilities—and her tendencies toward misconduct might not have been checked." Placing out in carefully selected homes under skillful supervision, and the development of small institutions with constructive programs and with emphasis on the educational aspects of treatment—such institutions as El Retiro in Los Angeles and Orchard Home School near Boston—are in some communities placing at the disposal of courts and clinics a flexible method of treatment which takes into account individual differences.

In the treatment of the delinquent girl and particularly of the unmarried mother, it is important to keep in mind always the desirability of plans which involve the maximum of normal adjustment and the minimum of differentiation from modes of living and associations which the community regards as customary. Institutional life is necessary in certain cases, but the trend in institutional development is to approximate, as closely as possible, home life and community activities. The unmarried mother who is to remain in the

* Judge Baker Foundation, Case Studies, Series 1, Case 12, p. 30-a.

community with her baby necessarily will have to encounter situations and problems which deviate from the normal, but it should be the endeavor of the social agency not to treat such a girl as belonging to a class apart from all others, but as having normal human needs and instincts and desires which must be met, as nearly as possible, in a normal way. It might be helpful in planning for an unmarried mother to ask what treatment would have been adapted to her needs had she not been a mother, and then to make the adjustments necessary to enable her to meet her responsibilities toward her child. An instance of plans which do not meet this test is the all-too-general placing of the mother at housework with her baby, without regard to her training, previous experience, or vocational aptitudes. Another respect in which agency plans often fail to make the most of normal desires and reactions is neglect to include provision for recreation.

Holding the father of a child born out of wedlock to his responsibilities is one means of making more normal the situation of the unmarried mother and her child. The laws of most of our states have recognized to a limited extent the obligation of the father to support his child born out of wedlock, but these laws have been made practically ineffective in many communities by the ease with which the father may escape his liability by going to another state, the absence of social machinery for assisting the mother in presenting her case, the publicity of the court procedure, and the small amounts secured. Beginning in Massachusetts in 1913, there has been a great awakening of interest in legislation affecting children born out of wedlock. The child welfare laws passed by Minnesota in 1917 afford, in their administrative features, perhaps the most effective protection to children born out of wedlock yet developed in this country, since the State Children's Bureau and the county child-welfare boards are especially charged with furthering the interests of the unmarried mother and her child. A law passed in North Dakota in 1917 declaring every child the legitimate child of his natural parents failed to give the protection needed because of the lack

of administrative facilities for making the law effective. A recent study made by the Children's Bureau in 43 counties of that state showed that during one year only 26 cases for proof of paternity were initiated, as compared with 237 children of illegitimate birth under 1 year of age received by child-caring agencies for permanent care apart from their mothers.

As a result of regional conferences called in 1920 by the Children's Bureau to consider standards of legal protection for children born out of wedlock, the National Conference of Commissioners on Uniform State Laws was requested to take this subject under consideration. After two years of work by a committee of the Conference, a Uniform Illegitimacy Act was approved in 1922, and recommended to the States for adoption. In 1923, four states—North Dakota, South Dakota, Nevada, and New Mexico—adopted substantially the provisions of this act, which places the responsibility for support and maintenance upon both parents, makes the father liable to pay the expenses of the mother's pregnancy and confinement, and makes the obligation of the father enforceable against his estate.

Comparatively little is known about the fathers of children born out of wedlock, but from such facts as we have we may draw a picture representative of a large group—a young father under the age of 21 years; in the ranks of the semi-skilled workers or unskilled laborers. From one eighth to more than one fourth of the fathers in various groups studied were under the age of 21 years, and about half were semi-skilled workers, laborers, or servants. Case work with the illegitimate family and preventive measures should include the father as well as the mother—the boy as well as the girl. To neglect to hold the father to his obligation is perhaps a greater sin against him than against the mother or the child.

Preventive measures and provision for the delinquent girl and the unmarried mother whose problems press upon courts and social agencies for solution, both depend upon the application of the fundamental principles of case work—scientific un-

derstanding and adaptation of treatment to individual needs. The development of these methods in the school, in agencies touching family life, in courts, and in child-caring agencies and institutions, will furnish the foundation for wise and constructive social control and the gradual lessening of the problem of conduct disorders.

THE SOCIAL HYGIENE MOVEMENT IN RELATION TO COMMUNITY ORGANIZATION *

ELWOOD STREET

Director of Community Council of St. Louis and Community Fund of St. Louis

In this address, to those who are the enthusiastic partisans of the social-hygiene movement and whose chief end in life is its advancement, and also to those others most actively concerned in other social agencies who must, in increasing measure, be coöperators and coadjutors of the social-hygiene movement, I hope to make two points and to bring you to a unanimous conclusion. These two points are:

1. That practically all other social movements are dependent, in large part, upon the problems which are being attacked by the social-hygiene movement.
2. That the social-hygiene movement, for its fullest effectiveness, depends upon these other types of social agencies for coöperative service.

The conclusion is, that for effective handling of social-hygiene problems, all social agencies of whatever kind must form one unbreakable chain in which each link is important and with which the enemies of mankind may eventually be bound.

The relationship of social hygiene to community organization gives us the best possible evidence of the interrelationship

* Read at the Annual National Social Hygiene Conference, held in St. Louis, Mo., November 5, 1923.

of all social movements, both as to causes and as to the adjustment of social problems. It demonstrates most clearly that fact which we are seeing more and more vividly, that no part of the community can be well if one part is sick, and that no social agency can get along if other social problems are weakly handled or neglected. Individuals are indeed members one of another. Social agencies in the modern community are also members one of another. We must develop all equally, evenly, effectively, producing the highest standards and the finest possible morale. Just as social hygiene goes into every phase of life, so does it penetrate almost every part of the coöperative movement for community welfare.

Social hygiene in its relationship to the other welfare agencies of the community, is like the play of the sex factor in the individual. It is potent in determining how all other emotions and faculties combine to make up the individual. If properly controlled and coördinated with these other factors, the sex impulse can make of man a creature almost divine. So also can the social-hygiene movement, working with all other community forces, bring to our modern community a state of well-being now unknown.

The social-hygiene movement and the other social forces of the community, may well be compared to the situation in the World War, when we fought with infantry, cavalry, artillery, tanks, gas, submarines, airplanes, and airships, and even dug under the surface of the earth, and when, more than that, nations fought together in a common cause. So also in our peace-time wars against poverty, ignorance, disease, vice and crime, common enemies of mankind, must we employ every possible device. We must have a unified command. We must have a willingly coöperative spirit and a cheerful democracy of effort.

Perhaps I may be allowed to use one more simile to emphasize the importance of social hygiene in relation to community organization. Our social agencies in the modern community are like a railroad train, attempting to carry humanity to the

Kingdom of Heaven on earth. Each of our social agencies, including the social-hygiene organizations, represents one of the necessary factors in the success of that railroad train. The rails, the ties, the road bed, the spikes, the engine, the cars, the coal, the water, every part of the machinery—each has its necessary relationship to the onward progress of the whole train. There must be a careful schedule for the train to follow, and a careful dispatching of all of the operations of furnishing fuel and water and of making connections with other trains which may be likened to the various political and economic movements of our times. If our community agencies can thus live up to the simile of the railroad train, we shall speed gloriously along the road of time, through an ever more attractive country, while our passengers, who are all humanity, are continuously and beneficially affected by the scenery and the air and the climate, and themselves change into a people, the like of which for health, for well being, and for happiness, the world has never known before.

I trust that these analogies will fix firmly in your mind the essentially coöperative nature of modern social action and the necessity that social hygiene play its full and active part in this team work for a better community.

This team work obviously has the two relationships which I have mentioned:

1. The effect which the social-hygiene movement has on other agencies.
2. The effect which other agencies may have on the social-hygiene movement.

The problems of sex and venereal disease are continually met with in most of our social agencies. The family case work organizations are continually affected in their work by the incidence of venereal disease; the father of a family, for example, may be in a hospital because of venereal disease, or may be spending a large proportion of his earnings in an attempt to cure it. A family may be rendered helpless and dependent on the community, because of the father's death or insanity from venereal disease. The father and mother may

be out of harmony because of unadjusted sex relationships. The family social worker, in almost every phase of his work, is running across the trail of the problems which the social-hygiene movement is trying to solve.

Our child welfare organizations are continually affected by the results of venereal disease. Their children are very largely secured from families which venereal disease has broken up. The children themselves are often infected and their morals polluted by sex conditions in the crowded homes from which they have come. Our agencies dealing with illegitimacy find their work due chiefly to poor social hygiene. The problem of the unmarried mother and her child is frequently complicated by the presence of venereal disease in the mother and sometimes in the child itself. The whole problem of illegitimacy might very largely be prevented by right sex habits and right knowledge.

Health agencies have as one of their largest problems the treatment and control of venereal disease. Even those agencies which do not specifically treat venereal disease, are continually encountering its results in clinics and hospitals. Its ramifications are infinite and beyond any need for description here. There is no gainsaying the fact that venereal disease is one of the most potent factors in death, disease, and disability.

Agencies for the blind find their work increased by that large proportion of blindness which is caused by venereal disease and which is rendered the more tragic because in many cases it might so easily have been prevented. The cost of suffering and disability from blindness caused by venereal disease is incalculable.

The relationship of venereal disease to insanity need not be discussed in groups of this sort, whose members realize that this relationship is so direct, so obvious, so overwhelming.

Then again, organizations for dealing with delinquent girls and women, who are mostly sex offenders, might have their

problems continually lessened by an adequate social-hygiene program; our courts and our homes for wayward girls find their work continually complicated by the presence of venereal disease and the problem of sex delinquency.

Even in the field of religion we find the problem of social hygiene one of tremendous importance, for bad sex conditions and improper sex relationships break down the work of years of religious training, and make of no account of the strongest efforts of our moral teachers.

Certainly it has been shown thus briefly, that our whole community welfare movement is intimately interwoven with the problems of social hygiene.

Conversely, most of our social agencies can contribute to solving the problems of social hygiene by giving attention to them and by coöperating with social-hygiene organizations. Thus our family welfare organizations, by utilizing existing knowledge of the sex factor in human life can adjust family differences and build for a stronger and more sympathetic family life. They can promptly refer to the agencies for caring for venereal disease those persons who are found to be suffering from it, and can reveal sources of infection to the agency which can properly deal with them.

Our children's agencies can remove children from unwholesome environments where they might be exposed to venereal disease and wrong sexual information, and can give them a right start under proper conditions of life.

Our voluntary health agencies can coöperate with the official organizations for handling venereal disease and can help in putting the prevention and treatment of venereal disease on the same basis as any other disease.

Our agencies for dealing with the feeble-minded can be a tremendous factor in solving the social-hygiene problem by segregating the feeble-minded and preventing their reproduction. The relation of the feeble-minded to bad sex habits and to the spread of venereal disease needs no elaboration.

Our recreational and character building agencies, including

our schools, can help occupy with wholesome activities the leisure time of people who otherwise might be indulging in unwholesome sexual practices. Their energies and enthusiasm can be directed by these agencies into wholesome channels and they can be given ideals of conduct which will stand them in good stead when temptations come to them. Our schools can furnish well-balanced sex education, which will give our girls and boys a wholesome attitude toward the problems of sex in life.

Our churches can put their moral forces behind the social-hygiene movement and supply their moral teachings and their religious inhibition to see that these problems are more and more adequately met, and all of our agencies with widespread membership or influence can help in constructive legislation and law enforcement.

There can be no doubt, then, that our social agencies, which are so much affected by the problems of social hygiene, can be strikingly useful in helping those especially concerned in the problem to its effective and economical solution. Nothing can be clearer than that there is a mutual coöperative relationship of action and interaction between the social-hygiene movement and all other community forces.

It is particularly appropriate, therefore, that in our own Community Council in St. Louis, which we believe to be one of the most promising coöperative plans in the country, we have given to the Missouri Social Hygiene Association the important function of serving as the council on social hygiene in the Community Council's Department of Health, giving it a major responsibility for research and action in this vital field. Social hygiene in St. Louis thus is taking its true place as a coöperator among equally important and democratically related social movements.

In closing, one other simile seems appropriate—The social-hygiene movement bears the same relationship to the other social forces of our community that one of the instruments in an orchestra bears to all the other instruments. As in an

orchestra, each of our social agencies plays an important part. All together they produce the one great symphonic effect. Each by playing its own part and playing it well under unified direction, can harmonize, blend, and interact with the others, yet the whole melody is wrong if one instrument is missing, or off key, or out of time. There must be training and leadership and morale. If our social agencies, including the social-hygiene agency, take their proper places in the orchestra of social forces, and if they all can acquire that training, that quality, that leadership, and that morale which we need and desire, we shall be able here in St. Louis to produce such "music of the spheres" as humanity has never known. The tune which this symphony of social forces will play will be the mighty marching tune of an enlightened humanity, treading gloriously on to that community of the future in which all shall have an equal chance for life and happiness and in which the vision of the Kingdom of Heaven on earth shall be fulfilled.

A STUDY OF THE VOLUNTARY HEALTH PROGRAM OF THE WOMEN STUDENTS OF THE UNIVERSITY OF MISSOURI

EDITH HEDGES MATZKE, M.D., D.P.H.

Philadelphia, Pennsylvania

Editors' Note.—This outline of an experimental health program for women students, under student initiative, in which social hygiene was integrated, is published in the belief that it contains material of interest to all readers of the JOURNAL. This program was carried out while Dr. Matzke was the Woman Physician of the University Student Health Service at the University of Missouri, 1921–1923.

PROCEDURE.—With the innovation of a woman physician, the University of Missouri marked a new era in the lives of the women of the University. For the first time the women students have a woman physician with whom they may consult and who will help solve their health problems. She has come to the University to look after the health of the women students, now almost 1000 in number. The students have taken, of their own initiative, definite steps toward a health program which will make for more efficient University work and greater efficiency in professional, business, or family life after graduation.

The first and most important task, from the point of view of the students, was to acquaint the physician with the health needs of the women students and at the same time to establish for her a confidence in the health service which led to personal consultations and health conferences. The first lecture, "The Fundamentals of Health," was given at a called mass meeting, and later the individual organizations asked for special health talks, and adopted and pledged themselves to individual health programs. These programs include all

health problems, and stress physical inspection, medical supervision, periodic physical examinations, and instruction in personal hygiene. Furthermore, the Executive Council of the Student Government Association asked for and received from the President's office permission for the introduction of a required course in personal and social hygiene to be given to women students by the woman physician.

WOMEN'S SELF GOVERNMENT ASSOCIATION.—Each women's organization appointed a committee of three upper class-women to find out the physical needs of each group, to regulate the sanitary conditions of the house, and to keep its members in touch with the medical advisers, in case of minor indispositions. In this way the student, by giving prompt attention to illness at the beginning, may prevent serious and prolonged sickness, and contagious diseases may be isolated before they have a chance to spread and cause epidemics. This health policy, it is believed, is the nucleus for a great preventive work which can be done in the months and years to come for the mental and physical protection of the college woman in her strenuous college environment.

The health slogan for the women students of the University of Missouri carried three emphases: (1) Health (the final test of woman's efficiency); (2) Scholarship; and (3) Social Activities.

"It is only a matter of time," said the President of the Women's Self Government Association, "until the University will see the need of a student health center which will make it impossible for any woman student to become seriously ill. Chief stress will be laid on obtaining the coöperation of every woman in the University in the observance of the health rules. We have been slow to recognize the economic necessity of minimizing academic inefficiency, but with the coming of a woman physician to work out the health problems of our women we hope to stand for greater vitality and to represent 100 per cent efficiency."

HEALTH POLICY OF THE EXECUTIVE COUNCIL OF THE WOMEN'S SELF GOVERNMENT ASSOCIATION.—The health policy of the Executive Council during the years 1922 and 1923 included the following provisions:

1. That one mass meeting, called a "health meeting," be held during the course of each year.
2. That the course in social and personal hygiene be required of all freshmen women in the second semester.
3. That in any house where there are three or more university women there be appointed one woman as health commissioner to regulate and report all insanitary conditions and all cases of illness.
4. That the following recommendations at large be observed:
 - (a) Balanced and regular meals, systematic daily exercise, an average of eight hours of sleep, suitable shoes, suitable clothing and a limitation of social activities.

The health activities that are of urgent consideration are:

1. Medical consultations and health conferences for the well students.
2. Physical examinations as a requirement of all entering women students and to be given by the woman physician.
3. Medical supervision, physical inspection, and periodic physical examinations of all upper class women.
4. Health lectures by the medical and allied faculties and from other universities.
5. Sanitation: a study of the student's environment, both on and off of the campus.
6. Preventive treatment as individual and community defense (these measures deny the right of the sick to become a menace to the well).

FINDINGS OF THE WOMAN PHYSICIAN.—The college girl problem is not a problem of the flapper, of the social butterfly, high heels, powder, paint, and the lip stick; it is not concerned directly with bobbed hair, abbreviated skirts, elongated skirts, or the knickers, but it is vitally concerned with the mental attitude toward life and toward all educative, constructive,

and progressive factors that dominate and influence sane living in a clean, wholesome, academic environment.

The college girl problem is solved in her initiative and her leadership, and the stability and permanency of co-education lie in her hands. This problem has confronted us in the past and vitally affects the future of all of us. The following are some of the facts of interest to all women students in health:

Of the students, 88 per cent matriculate in the University with the expressed determination of winning the highest mental efficiency.

The University schedule averages 15 hours per week.

The hours of social activities average 18 hours per week (low average).

Forty-eight per cent favor physical education.

Sixteen per cent find physical education distasteful.

Thirty-six per cent object to physical education because of the inconvenience of undressing, dressing in a hurry, and the time of the day of the required lesson (during the academic hours).

Eighty per cent do not take daily, systematic physical exercise.

The required courses in physical education occur, as a rule, twice or three times a week.

It is said that "the mortality among graduates of women's colleges where physical inspection, medical supervision, and instruction in hygiene have been given is known to be less than one third of that of the general population. Most universities have been slow to recognize the responsibility for the physical efficiency of students, but all are beginning to place increasing emphasis on health and sanitation, not only as a direct benefit to the university, but as a potential influence upon the country at large." All physical examinations of women students should be made by a trained woman physician. Remedial measures and corrective exercises for our college women belong to the preventive phase of medicine.

The voluntary health program of the women students of the University of Missouri (1921-1923) is a practical demonstration of what can be done by college women all over the country. When the fundamental principles are accepted by

the universities and the University Student Health Service will carry on a health program that will insist on positive health and will grant efficient aid in order to protect the good health of the student, and to make it difficult for her to contract disease, and to become a menace to the well,—then and not until then—may we hope to inspire our college women to live up to their maximum development during the period of adolescent freedom and physical vigor. Below is an analysis of requirements in hygiene and physical education in sixty-two universities and colleges:

REQUIREMENTS IN HYGIENE

Number of Colleges.....	62	
Hygiene not required	29	43.3%
Hygiene required	29	45.3%
Offered but not required.....	5	8.2%
No report given.....	2	3.2%

The above tabulation shows that 51.5 per cent of the universities canvassed have no requirements in hygiene as compared with 45.3 per cent requiring hygiene—less than one half.

REQUIREMENTS IN PHYSICAL EDUCATION

Number of Colleges.....	62	
Physical education not required.....	8	13 %
Physical education required.....	51	82.2%
Offered but not required.....	1	1.6%
No report	2	3.2%

The above tabulation shows that 14.6 per cent of the colleges canvassed do not require physical education while 82.2 per cent require physical education.

REPORTS OF VARIOUS WOMEN'S ORGANIZATIONS AT THE UNIVERSITY OF MISSOURI.—The following are reports from the individual sororities at the University, evidencing the completeness of the interest in a health program:

PI BETA PHI SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The Missouri Alpha Chapter of Pi Beta Phi Sorority is vitally interested in the Health Program.

1. We pledge our loyal support and will give our enthusiastic service in working among our group for the highest ideals and mental attitude toward health and the prevention of sickness and minor ailments.

2. We offer our hearty coöperation in all the health committee hopes to see us accomplish as a chapter:

a. Physical examinations by the University woman physician.

b. Answers to the questionnaire by each girl (with suggestions).

c. Physical exercises taken each day under the supervision of the house health committee. Special emphasis to be placed on correct posture and foot ailments.

d. Study of suitable dress for the class room and the campus.

e. To do all we can to increase the physical efficiency of our girls and to make them better able to carry on their work and to become an able factor in the community life.

3. We have given careful consideration to the status of physical education as given in the University.

a. It is a required course for under classmen (Freshmen and Sophomores).

b. There is no required systematic exercise for upper classmen except athletics and only the few turn out for sports.

c. Many girls look upon required work in the gymnasium twice a week for a short time, as an irksome task. Other girls object to the flurry and inconvenience of undressing and dressing, and also complain of the inconvenience of the hours at which the work is given; only a few dislike the work. Irregular hours, often required just before an important lecture, destroy all enthusiasm for the regular indoor gymnasium period. Corrective work in the gymnasium is of value only when the mental attitude is normal and interested. As a rule girls care for some form of exercise and are not muscularly lazy. Monotony and a traditional attitude are the principal objections to the present twice a week schedule.

d. Finally there is not a general enthusiasm for women's athletics. In the men's games there is no lack of enthusiasm and support for them among the University women, but the same enthusiasm is not given to women's sports and it dwindles down to a small group specializing in physical education as a vocation.

Men do not seem interested in physical education for women and their attitude is reflected upon and influences the more or less

indifferent women students who do not care especially for physical development. Fine equipment, together with a large modern gymnasium, will serve as a center of interest and will be of educational value for women. Lack of modern facilities and failure to make the gymnasium the center of all women's activities will determine the status in any co-educational college or university.

THE CHI OMEGA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The Chi Omega Sorority is attempting to carry out plans which will further the highest standards of health in the University of Missouri. We have taken as our special problems:

1. Nutrition, sleep, the establishment of the democratic attitude among our women students.

2. The commissary at the fraternity house is specializing in dietetics. The meals are well balanced and planned to meet the needs of the girl doing school work.

3. The quiet hours are from 11 P.M. to 7 A.M. This allows eight hours of unbroken sleep for each student.

4. By careful observation of the Women's Self Government Association rules and by association with non-sorority girls, the members of this fraternity attempt to more firmly establish the democratic attitude among the women of the Missouri University.

5. We as a group wish to coöperate with the Student Health Service in whatever it attempts in the way of preventive and curative medicine. This is the standard that the members of the Chi Omega Sorority have set for themselves as their part of the voluntary health movement among university women.

DELTA GAMMA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The purpose of this health work is to maintain physical poise during a period when students are under a physical as well as a mental strain. To facilitate examinations, each girl is given a card on which the following notations are made:

Age; height; weight each day during the week (same hour and same scales each day); number of hours of sleep; number of hours of recreation; number of hours of study; and number of hours in examinations.

A faithful and conscientious record will be kept of this card. On the opposite side of the card are blanks left for any individual

remarks the student may care to make as to: (1) How she solved the problem of maintaining physical balance; (2) for her general condition during the period, making note of any conditions which might indicate that the student has felt the strain; and finally, (3) for a report on her diet, including the kind of food eaten, regularity, etc., and whether she has adhered to the rule of not eating between meals.

At the end of the period the chairman of the health work of the chapter will be given the cards, and with the rest of the committee will make out a comprehensive report as to how well the group has withstood the examinations.

Results of the practical study of overwork, overstrain, and mental worry and mental inferiority, are indicated by the following quotation:

"Examination week and nobody is cramming! Like every other organized house we have adopted a constructive health program to be developed by the girls in the house, and the particular phase of the work is to be a campaign on this side of college life which is looked upon with so much dread at the end of each school term."

The slogan of the Delta Gamma Sorority is: Mental Efficiency Worked out through Physical Equilibrium.

The demonstration was decidedly successful without the usual burning of the midnight energy with a wet towel tied around the head and coffee to serve as a stimulant. Quiet hours for rest and relaxation and regular hours for sleep were maintained in the chapter house and a girl losing sleep the night before made a point to sleep the following day so that she could eliminate the fatigue caused by nerve hunger. As far as possible no eating between meals was permitted and recreation and exercise were accepted as a matter of routine and a health habit. The gain in weight and scholarship proves the practical value of the experiment. The plan worked because the Delta Gamma girls adhered rigidly to the schedule.

KAPPA ALPHA THETA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The policy of the chapter is to help every girl to be 100 per cent physically fit, in order that she may work and play properly. The health program includes:

1. Coöperation with the medical office by reporting all cases of illnesses. In this way we hope to save our members from serious and

prolonged sickness, and to isolate contagious diseases before they have had a chance to spread and cause epidemics.

2. Constructive program of corrective exercises and remedial measures.

3. The enforcement of the Women's Self Government Association rules and health policy.

Our physical exercises and all of the corrective work are outlined by two K.A.T. women who are faculty members of the physical education department of the University of Missouri. At the same time, they are consulting and affiliated members of the Preventive Service of the Student Health Service (Medical Office of the University Woman Physician).

4. It is our aim to undertake to solve the problems of physical and social standards in the University of Missouri. We will give special attention to all members who are liable to nervous upset or breakdown from overstrain and overwork.

ALPHA PHI SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The members of the Alpha Phi Sorority wish to coöperate in the university women's health movement and to pledge their support to the Woman Physician of the University of Missouri.

1. We aim to establish 100 per cent physical efficiency in the chapter house. Our health commissioner will look after the sanitary conditions of the house and report at once to the medical office all cases of sickness.

2. We asked for a chapter health examination of all of our members to be given by the woman physician, in order to ascertain the health rating of our group. The Director of the Physical Education for Women will outline, after the examination, the corrective exercises needed for our physical development.

3. We study the proper dress for the campus and the classroom and we emphasize the kind of shoe that must be worn to avoid foot disabilities.

4. We aim to create a sane attitude of mind toward the gymnasium.

As a special piece of health education and of health work we recommend a series of health lectures to be given for our members but opened to sorority and non-sorority women.

KAPPA KAPPA GAMMA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

Health policy of the Kappa Kappa Gamma Chapter is:

1. To prevent the spreading of disease.
2. To encourage rest, relaxation, and systematic exercise.
3. A system of balanced rations, worked out according to the calorie system of diet (energy expressed in heat units).
4. Academic dress, proper campus clothes and shoes.

We have been working on our problem of the common cold, and there has not been a heavy cold in the house since we concentrated our efforts upon this condition as a preventable disease. We carefully isolate the patient for a period of twenty-four hours. During this enforced rest we give her medical treatment under the advice of the Medical Office, and watch her diet and all body eliminations. We pay special attention to the water intake and to the ventilation of the room. At the end of twenty-four hours the symptoms have disappeared, as a rule. We have minimized the number of colds in the house, but are exposed to the group of people living in the same community under insanitary conditions. It has been suggested that all groups work on the every-day conditions that are preventable.

It has been recommended that physical handicaps are considered a community problem and that they will be studied as community hygiene (the University community, including the poor ventilation of the classrooms).

DELTA DELTA DELTA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The Delta Delta Delta wishes to endorse the health program and the health policy adopted by the Woman's Student Government Association and we will endeavor to coöperate with the Woman's Panhellenic Council on the health movement.

As our policy we wish to see each individual member become better physically so that she may give of the best of herself mentally to her chapter and to her University.

We recommend the following measures:

1. Eight hours sleep each night in a well-ventilated room, observing a regular time for retiring and arising.
2. One hour exercise in the open air each day.
3. A bath each day.
4. Care of the mouth, which shall include brushing the teeth three

times a day, and care of the throat by antiseptic washes, and especially when it is inflamed, and not to drink from glasses that have been used.

5. Regular and balanced meals.

6. At all times the chapter will attempt to do its best to coöperate with the Health Department and to coöperate with the health work of the University Woman Physician.

PHI MU SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The members of Phi Mu Sorority endorse the Panhellenic Health campaign and we pledge our hearty support to the health program of our woman physician. We plan, with her assistance, the following schedule:

1. To ask the upper classmen to be included in the health examination arranged for our freshmen. We realize that the first health step must be taken by every member of the chapter.

2. We are sure of our spirit and enthusiasm and we are convinced that the health work will mean the greatest thing, for University women, that has ever been accomplished. We consider three phases of the health discussion—Nutrition, Physical Exercise, and Sleep—the fundamentals of health.

3. The commissary of the chapter worked out a balanced diet and advised a balanced diet for each girl, and gave milk in cases of underweight (weight, height, and age as the determining factors).

4. Supervised swimming classes.

5. Supervised physical exercises given every night.

6. We would like to see every chapter of Phi Mu adopt a similar plan to insure the health standards and health ideals for the college girl.

GAMMA PHI BETA SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The members of the Gamma Phi Beta Sorority wish to express their interest in the University women's health movement, and to pledge their coöperation in every way to the University Woman Physician; and to the Student Health Service.

The members of the chapter have been working since October, 1921, to set health standards for their group that will make efficient University work possible among their girls.

They have tried to do this by means of regularity in hours of study, play, sleep, and balanced meals. By means of the quiet hour which

prevails from 8 o'clock in the evening to 8 o'clock in the morning (except on the nights designated by University rules as "date night"), the girls are given opportunity to study and sleep.

Each girl is required to wear soft, heel-less slippers on the second floor, both in her room and in the halls, after 8 o'clock in the evening, and no loud talking is allowed in the halls.

All the girls sleep on the third floor in a large dormitory which, by virtue of its many windows, might be called a sleeping porch. These windows remain open day and night, throughout the year.

The commissary works on the problem of nutrition. We have balanced meals adapted to meet the needs of the girl doing school work.

The problem of dress was given special attention and the chapter is trying to establish academic standards of dress.

ALPHA DELTA PI SORORITY, UNIVERSITY OF MISSOURI, 1921-1923

The health activities of Alpha Delta Pi are:

1. Balanced rations (milk for undernourished girls).
2. One hour outdoor exercise per day.
3. Cross country hikes each week.
4. Sensible dress (low heels, comfortable shoes, proper and suitable street attire).
5. Each girl aims to take fifteen minutes gymnasium exercise each day. The older girls are trying to stress correct posture.
6. Regular 9 hours of sleep.

Physical efficiency means to us: Proper diet; regular sleep; correct posture; sensible dress; and morals and moral ideals.

We will pay special attention to the care of the hair.

We wish to coöperate in every way with the Health Department and will report at once any incipient disease.

Our goal is for every freshman, and as many upper classmen as possible, to pass the swimming test set by the Physical Education Department and the Health Department.

ZETA SIGMA (SORORITY AND NON-SORORITY WOMEN), UNIVERSITY OF MISSOURI, 1921-1923

The Zeta Sigma adopted the following health policy:

1. To coöperate with the Health Service by reporting all illnesses at once.

2. To help every senior girl to be 100 per cent physically fit before leaving the University, in order that her mental efficiency and physical efficiency may be of the highest standard.

3. To carry on a constructive program of health examinations and health efficiency for all senior women.

4. To support and to enforce the rules and the health policy of the Women's Student Government Association.

The following is a letter from the Alpha Chi Omega Sorority of the University of Missouri:

Dear Doctor:

We, the petitioning group of Alpha Chi Omega, are deeply interested in the health program which you are promoting in the University of Missouri. It is our desire to see democratic ideals and high standards in behavior and dress established among all of the girls in the University of Missouri. To help realize these ideals, a committee has been appointed to wait on you and to ask your recommendation for a special piece of health work. We, therefore, pledge to you our hearty support and loyal coöperation and signify a desire to carry out your program for the year.

It is our aim to improve the health of our girls in our group by observing the following policy:

1. Ten minutes systematic exercise each day.
2. Avoid eating between meals.
3. Definite number of hours of sleep (eight hours).
4. Sleeping on the sleeping porch or in the open.
5. Careful observation of all of the laws of personal and community hygiene.

TEN THOUSAND FOR THE TENTH YEAR

Numbers do not necessarily indicate strength. A large membership may or may not signify a strong organization but when this membership consists of men and women agreed in principle and united in action, numerical strength adds power to the human mechanism which is working to achieve the organization's purposes. Hence all members of the Association should strive to advance the social-hygiene movement by enlisting new members, and all friends who have not already sought membership should do so now. The aim for this, the tenth year of the American Social Hygiene Association, is 10,000 members, and you as you read this announcement, may well decide to give of your time and energy toward its attainment.

There are few, if any, among the thinking and doing public of the United States who are not vitally interested in one or more of the Association's activities. Just think for a moment of your many friends and acquaintances who believe in cleaner and clearer education of the young for mating and marriage; who wish, both for themselves and for coming generations, wholesome recreation and environments free from the hazards of prostitution; who hope for greater future safeguards against delinquency and illegitimacy; and who would welcome the elimination of the third great plague, venereal disease. Every person who considers seriously the objects for which the national voluntary social-hygiene organization was formed will admit that remarkable progress has been made in the brief span of years from 1914 to 1924. This same serious consideration, however, will also cause him to realize that there are great heights yet to be gained, and that he can aid in the advance.

Professor C.-E. A. Winslow, of Yale, says of the social-

hygiene program carried on in the American Army and Navy during the World War that its "reflex effect upon the civilian campaign against venereal disease was so great that *I am convinced America has gained in this one direction more lives than it lost through the destruction wrought by German shot and shell.*" This splendid endorsement of the broad program for the control of venereal disease is especially noteworthy, but of equally great significance are the favorable statements made by other educators, religious leaders, and social workers regarding the progress made in promoting a more normal and healthy attitude on sex problems in general. In this advance along the whole social-hygiene line the Association has been credited with being a most important factor.

The future holds out opportunities limited only by the strength and resources available to grasp them. They are not phantom promises—not social will o' the wisps, but genuine opportunities for practical, constructive, greatly-needed service. An augmented membership will aid the Association in its efforts to render this service. Have a few application blanks handy or, if you prefer, send in the names.

EDITORIALS

“A POLICY OF BUSINESS FOLLY”

Some cities bidding for tourist patronage seem to believe that a “wide-open” policy will stimulate this trade. Road-houses of questionable repute, taxi companies whose chauffeurs are willing to transport their customers to prostitution resorts, hotels whose bellboys and porters importune the new arrival with offers to furnish whiskey, prostitution, or both—these are permitted to flourish in the belief that tourists will be attracted to the community by them.

That this is a mistaken policy is theoretically certain. In the first place, a large proportion of those visiting health and seasonal resorts are married couples or family groups, seeking good air, nutritious food, and wholesome surroundings. These groups are driven away, rather than attracted by red-light environments. Second, it seems fair to believe that a majority of the men and women who are traveling alone are sufficiently fastidious, decent, and law-abiding to resent, rather than approve, the vicious and criminal program and its participants. Third, the community must face the reckoning of lowered morals and higher disease rates which are the inevitable concomitants of lax protection against vice. We might proceed to a fourth and a fifth but perhaps an illustration of the practical working out of this theoretical case will be of greater value.

The best known resort city in the East, if not in the entire United States, is Atlantic City. Vice conditions there became so flagrant in the first six months of 1923 as to alarm the state department of health because of the certainty that venereal diseases would spread. Whether through lack of desire or inefficiency, the local officials tolerated these conditions until under-cover investigators and newspaper publicity convinced the big business interests of that city that the *laissez faire* attitude bade fair to hurt their greatest asset—the

patronage of decent tourists. The resulting change in viewpoint and policy is well summed up in the following extract from an editorial which appeared in an Atlantic City paper:

Investigation at Trenton of the underlying causes of a recent attack on Atlantic City by reputable out-of-town newspapers is enlightening. How absurd and unfair that a great, big, fine institution like Atlantic City should be embarrassed and injured with detrimental publicity, simply because we are foolish enough to tolerate a handful of outside divekeepers who come here and conduct a segregated vice district! We have millions of dollars, plus all our energy, honestly invested in fine homes, hotels, business houses, and worthy attractions for pleasure-seekers. Safety of this huge investment depends absolutely upon the universal popularity of Atlantic City. Yet, ostrich-like, we bury our head in the sand while a little band of lawbreakers, nonresidents for most of the year, having not an ounce of substantial interest in the resort, come here while the pickings are good and set up, for their own personal gain, a district of outlawry long since discountenanced by all sane cities.

It is seen that this police-surrender to scarcely a corporal's guard of crime is the basic cause of at least one national criticism of Atlantic City—perhaps many, or all of them. As a good business policy for municipalities this is surely not impressive. No question of "sane liberality" is involved; be not confused by that. Ninety-nine per cent of the people who live in Atlantic City, ninety-nine per cent of the people who visit Atlantic City, perhaps more, do not know it when a segregated vice district is operating; its existence or non-existence means nothing directly to them, except from the general moral viewpoint, of course. Nor is it at this time necessary to involve as an issue the moral aspect of the situation; that, too, is irrelevant.

The sole point is that to permit a handful of vice-purveyors, outcasts from other cities, to come here in the busy season and create a condition which supplies the basis for outside attacks on the morality and good name of Atlantic City, a corporation of many million dollars' annual turn-over, is business folly of the worst kind.

If local police authorities are incapable of dealing with the situation, as the evidence at Trenton would seem to indicate, it will be necessary for the legitimate business and property-owning interests of the resort to take a hand another summer, and see to it that they

provide the police service which this city demands and is entitled to have. They have enough at stake to make this determination worth while.

THE EDUCATIONAL MOTION PICTURE

The universal appeal of motion pictures makes them an invaluable educational aid; but they are, perhaps, the most difficult media to prepare and distribute. This is particularly true of films calculated to promote public health and other fields of social betterment. They must be scientifically accurate, reasonably priced, and interesting, with due regard to the qualities of unity, emphasis, and coherence. The scenarios must be worked out by experts, the taking and manufacturing must be in competent hands, and the distribution must be such as to assure their showing to the public at large (where the picture is designed for popular use) or to the intended interested groups (in the case of pictures designated for certain types of audiences). Hence it is easily seen that a voluntary non-profitting organization, working in a field whose activities are as broad as those embraced in the term "social hygiene" and dependent on contributions and membership dues for its expenditures, must exercise more than ordinary care and diligence in its efforts to utilize the cinema.

The facts, therefore, that the Association now has a library of twelve motion pictures, totalling approximately 30,000 feet of film, and that those pictures are being used more and more extensively in the United States and throughout the world are causes for real gratification among members and friends. That a large number of state health departments would find them of great value was the first and foremost hope—a hope which has long since been realized. It would have been difficult if not impossible for these departments separately to have undertaken the task of making adequate pictures. Costs would have been prohibitive even were personnel at hand. For these reasons

many state health officers have stated that the Association, by making these pictures available at the mere cost of manufacture, has rendered a distinct service to all official health agencies.

Schools, parent teacher associations, women's organizations, Rotary, Kiwanis, the church—these are but some of the agencies which have made constant use of the pictured lessons. Their message has been reflected on the white-washed walls of country school houses and in open air showings for rural communities as well as on the more ornate screens of civic auditoriums and theaters.

Even in Buenos Aires and Rio de Janeiro *manána* becomes *to-day* when a social-hygiene motion picture is to be exhibited; to our north, Nova Scotia, Saskatchewan, in fact all the provinces and communities in Canada, are receiving the benefit of these pictures through the untiring efforts of the Canadian Social Hygiene Council and the Dominion Department of Health. England, France, Belgium, Switzerland, Germany, Poland, and other European countries are using the Association's films and even the students in the University of Tokio are profiting by the several prints which were shipped last year in response to a cabled order from Japan.

The initial outlay on a motion picture is comparatively heavy from both the standpoints of work and money. But, after considering the widespread use and the great value of the well-finished product, it seems safe to say that the energy and financial outlay are more than justified.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	108
Association Notes	123
Book Reviews, Briefer Comment, and Publications Received.....	125
Social-Hygiene Bibliography	128

Courses for Policewomen Executives.—The New York School of Social Work announces a program of instruction and field work intended to prepare properly qualified women to direct the work of policewomen, the courses to start on March 24, 1924. The program includes both general and special vocational courses. The general courses will cover social case work, psychiatry, mental hygiene, public health, and criminology. Special vocational courses will include lectures on the organization and administration of police departments, the place of the policewoman in these organizations, and the field and technic of her work.

In this undertaking the New York School of Social Work has asked the coöperation of the American Social Hygiene Association in two ways:

First, The American Social Hygiene Association has provided a limited number of scholarships for women with special qualifications for this work.

Second, members of the staff of the American Social Hygiene Association have been asked to provide the special vocational lectures and to organize and supervise the field work.

The experience of the Department of Protective Measures of this association has proved that in none of our social problems has the value of prevention as against the cost of cure been more clearly demonstrated than in the work of preventing boys and girls from becoming recruits for the underworld.

Preventive work, especially for women and girls, is coming to be recognized as a necessary part of the functions of the police departments of cities. This function is being more and more committed to women invested with police authority and organized in a separate

bureau in police departments. Cities are, with increasing frequency, seeking women properly equipped and organized to direct this work.

Directors of the Association have voted to coöperate with the New York School of Social Work in the manner outlined, this being one of several projects of the Association in this field.

The March number of the JOURNAL will carry a description of the complete program.

Progress in the Treatment of Venereal Diseases in Denmark.—In connection with the Centenary Celebration of Pasteur's birthday, Professor C. Rasch of Copenhagen was invited to give a survey of the results up to date of the venereal-disease campaign in Denmark.

In his brochure, with the title, "La Lutte antivénérienne en Danemark," is given a comprehensive review of the effects that the modern methods of treatment have had on the incidence of syphilis, together with a description of the pioneering measures taken by Denmark in the direction of the control of venereal diseases in the past.

In 1788 hospital treatment for all cases of venereal disease was provided. In 1859 penalties were attached to the propagation of such diseases, and ten years later their study was made compulsory for medical students. In 1874 compulsory treatment of all cases of venereal disease was introduced, and in 1900 Credé's method of dropping silver nitrate into the eyes of the newborn was adopted. The opinion advanced in Dr. Rasch's paper is that it is the ambulatory treatment with salvarsan and other specifics rather than hospital treatment *per se*, which has lowered the incidence of syphilis. That this has been lowered is shown by the fact that in 1921 there were 1942 new cases of syphilis in the whole of Denmark as compared with 1578 in 1922. The number of new cases of congenital syphilis in these two years was 142 and 95 respectively. In 1912 Dr. Lomboldt, an associate of Dr. Rasch, investigated the number of recent cases of syphilis in Copenhagen and came to the conclusion that there were approximately 1300 such cases. A comparison of these figures with those of 1922 led him to believe that the incidence of syphilis had declined during the period by about 33 per cent. A similar decline in the incidence of gonorrhea was also marked in the period 1910-1920. Dr. Rasch in his paper attributed this improvement in health conditions to the comprehensive program for the control of venereal diseases adopted by Denmark in 1906.

Repatriation of Destitute or Juvenile Delinquents.—One of the most important measures occupying the attention of the International Association for the Promotion of Child Welfare at the meeting in Genoa, in 1923, was the matter of providing for the care and proper protection of minors of foreign nationality deprived of means of support or the supervision of parents or guardians. Dr. Kuncewicz, Chief of the Division for Child Protection of the Labour and Social Protection Department at Warsaw, presented first drafts of a convention which suggested repatriation as the most wholesome means of caring for such children. His suggestions were adopted without controversy. The country in which such a child is found may make application to the proper authorities in the child's native country asking for his repatriation. After his nationality has been proved the state on the territory which the minor has been found provides suitable transportation to enable him to reach the frontier of his native land where provision shall have been made to receive him. Reimbursement for such expenses may not be claimed from the state of which the minor is a native. Each of the contracting states is obligated to furnish to the International Association the names of the places on the frontier where repatriated minors may be received and the Association, in its turn, is to notify all the other contracting parties. Obligation is implied on all contracting parties to provide proper care and supervision during the process of repatriation.

Responsibilities of the Church for Social-Hygiene Training.—Reverend H. T. Archbold, M.A., Dean of Victoria, British Columbia, writing for the Council for Social Service in the Church of England in Canada, attempts to outline the duties and responsibilities of the Church with reference to sex problems. He shows the failure of governments to regulate prostitution in such a way as to lessen the danger of venereal infection and indicates that the only way to handle this class of problems effectively is by encouragement of the formation of a definite moral standard in sex relationships. He says, in part:

To this end four factors are necessary: a positive, as distinguished from a merely negative or prohibitive idealism; numerous effective and right outlets for the sex impulse and the ideals that it underlies; the teaching of the young child, the character basis of a noble sex life; certain fundamental habit inhibitions.

While emphasizing the importance of the training and early instruction of young children by parents in the elementary facts of sex, the author points out that:

Knowledge in itself is little protection without deliberate molding of character; and the ultimate control of the situation rests on the formation of the best types of character in as many individuals as possible.

In this matter, the duty and opportunity of the church are obvious:

The church with her emphasis upon the value of the individual man and woman and the sanctity of the body as well as of the soul and spirit; with her insistence upon the corporate life and the duty of mutual service can, if she will, lead us all the way to the goal we have in view.

Control of Venereal Disease in the Army of the Rhine.—A recently published number of the *Annales der Maladies Vénérienne* contains an account, by Dr. Escher of the Army Medical Corps, of the efforts at control of venereal disease in the army of the Rhine. The program of prophylactic measures includes: (1) Education and instruction of the men; and (2) regulation and repression of prostitution.

It is indicated that as far as possible the French forces of occupation endeavor to coöperate with the Germans in the campaign. A joint committee on prophylaxis is appointed for each province with the provision for separate meetings of the French and German committees to study the various problems that arise in each community. After such study a joint meeting is held and a plan of action decided on. Dr. Escher states that the collaboration between the physicians of the two nations is excellent. Of the two types of measures adopted that of the regulation of prostitution is least effective, since regulated prostitution is a small matter as compared with clandestine prostitution which is widespread in the occupied territories. The educational work is more promising and all forms of propaganda are made use of, among them being museums, films, lectures given by the regimental physician, and talks by non-commissioned officers. Each center or sub-center has been provided with a complete equipment of charts, a series of models and colored plates, a projecting lantern, and a collection of pictures of the American type. This combination gives the lecturer an opportunity to stir the imagination of his hearers and to vary the illustrations so as to make the lectures interesting. The results are reported to be so satisfactory that steps are being taken to hold meetings of the joint committees more frequently in the future.

Well-known English Woman to Lecture in the United States.—The forthcoming lecture tour of Mrs. Clive Neville-Rolfe, O.B.E., will present an opportunity for many persons in the United States to learn some valuable and interesting facts regarding social hygiene in England and on the Continent. It is expected that Mrs. Rolfe, who is general secretary of the British National Council for Combating Venereal Diseases, will arrive in New York on or about March 1, 1924.

Mrs. Rolfe was a founder of the Eugenics Education Society, and acted for twelve years as its honorary secretary under the presidency of Sir Francis Galton and of Major Leonard Darwin. As a result of her efforts in 1914-1915 on behalf of the National War Savings Council she was placed on the first honors list of the Order of British Empire. Mrs. Rolfe also served on the commission sent by the British Government to investigate social-hygiene conditions in the Eastern Crown Colonies.

In addition to a lecture on "The Wider Aspects of Social Hygiene," her subjects will include "The Eugenic Ideal and Utopia"; "What Is Eugenics?"; "Do We Want Monogamy?"; "Can We Educate the Affections?"; and "The Growth of an International Conscience."

Child Substitution Case of Bombay.—A review of this case in the *Indian Social Reformer* of October 27, states that a young woman was married at the age of 12 to a man of about 53, who died some months ago. During twelve years of married life she gave birth to eleven daughters, the last two being twins. Despondent as a result of ill health and fear of lack of maintenance after her husband should die, because there were no male issue to inherit his property, the mother fell under the influence of certain designing persons and with their assistance substituted for one of the twins a male child secured from an orphanage. However, the plot was discovered and the case was taken to court by her stepsons with the result that the twenty-five year old widow was subjected to a public trial, convicted, and sentenced to one year's imprisonment and a fine of Rs. 2000 or six months' further imprisonment.

This girl is but one of numerous victims of the Hindu law of inheritance which disqualifies female children and of a social system which, often from mercenary motives, promotes marriage of a young girl to a man old enough to be her grandfather.

Transmittal of Syphilis Adjudged a Crime in Vienna.—That the wilful or careless infection of another with syphilis is a criminal offense was recently held by a lower court in Vienna, Austria and upheld by a higher court. A staff correspondent of the *Journal* of the American Medical Association, under date of October 31, says:

For the first time in this country, a county court has passed sentence on a man who knowingly transmitted syphilis to another person; this new departure may prove of the utmost importance in the promotion of public health. When the girl who was infected became aware of her misfortune, she sued for damages, and for the expenses incurred by her for medical treatment and loss of work. At the hearing, it was stated by witnesses that the man had acquired the disease one year before he became friendly with the woman. He had been under treatment, but had discontinued it before the physician had declared him cured. The judge laid special stress on this point, saying that every man knew he must be "cured"—as that term is applied—before entering into sexual relations. By knowingly neglecting this fundamental precaution, the defendant had committed a serious offense; he was ordered to pay twenty million kronen (\$300) damages and another \$300 for the costs of medical treatment. An appeal against this judgment was dismissed by the higher court.

Mount Holyoke Includes Social Hygiene in Regular Curriculum.—That there is a growing recognition of the need of general social-hygiene knowledge, is evidenced in the following excerpt from the President's report, appearing in the November, 1923, *Mount Holyoke College Bulletin*:

In order to provide every student before leaving college with the general and specific knowledge which a college graduate should have on social hygiene, a course of lectures was planned by members of the college faculty and given during 1921-1922 and 1922-1923. The course for the second year was as follows:

General Survey of the Field of Social Hygiene—for Seniors and Sophomores.

Professor E. B. Talbot.

Evolution of Sex—for Seniors and Sophomores who have not taken Zoölogy 1 and 2.

Professor Morgan.

Anatomy and Physiology of Mammalian Organs of Reproduction—for Seniors and Sophomores who have not taken Zoölogy 1 and 2 or Physiology 1 and 2.

Professor Turner.

Heredity and Eugenics—for Seniors and Sophomores who have not taken Zoölogy 11.

Professor Morgan.

Hygiene of Sex—for Seniors and Sophomores.

Doctor Underhill.

Mental Hygiene—for Seniors and Sophomores.

Professor Hayes.

Psychology of the Family—for Seniors.

Mrs. Hayes.

Radiations and Transformations of Sex—for Seniors.

Professor Scott.

Social Aspects of Sex Problems—for Seniors and Sophomores.

Professor Hewes.

Statistics of Prostitution in Vienna.—Statistics for 1922 published by the Department of Police in Vienna show that for the first time since 1918 there has been a reduction in the number of controlled prostitutes and also in the number of women who came under police control for the first time; so that there appears to be a lessening of the total number of professional prostitutes. A study of the marital condition of the prostitutes under police surveillance shows little change from pre-war conditions except in the number of divorced married women living as prostitutes which had increased from 6 per cent of the total number in 1914 to 26 per cent of the total number in 1922. Among the occupations the largest per cent (31.4) continues to come from the ranks of domestic servants, with the next highest per cent (21.3) from the group classed as manual workers. The attitude of the Viennese police toward the whole problem of prostitution was shown by a suggestion made at the international meeting of police in Vienna when the chief of the department suggested the abolition of the control of prostitution and the compulsory treatment of all persons, both male and female, found suffering from venereal disease.

National Council for the Unmarried Mother and Her Child.—The National Council of Women at the annual meeting held in Edinburgh voiced their approval of measures designed to protect unmarried mothers from unnecessary hardship and to secure for illegitimate children a fair chance for survival and healthful nurture. The following resolution was carried unanimously:

This meeting of the National Council of Women whilst noting with satisfaction recent legislation dealing with the illegitimate child wishes to call the attention of the Government to the need of further recognition of the joint responsibility of parents and for improved legislation relating to unmarried mothers and illegitimate children in order that the disproportionately high death rate amongst infants born out of wedlock may be speedily reduced.

The Council urges, specifically, the need for improved machinery for securing affiliation orders, placing the responsibility for bringing action upon the State instead of upon the mother, where it now rests; and the need to secure confinement expenses for the mother, and maintenance during the months immediately preceding the birth of the child. Besides these practical measures the Council urges that the status of the illegitimate child be changed by declaring him to be "legally kin" to his mother with the right to claim her name, instead

of being "nobody's child" as is his present status under the English common law.

The New Zealand Royal Society for the Health of Women and Children.—During the month of October, the New Zealand Royal Society for the Health of Women and Children concentrated its efforts on making a success of Health Week which was observed in all the important cities and towns. The program included many features of an educational nature. Among the latter was a series of lectures on various subjects affecting the public health and the moral welfare of the community. Considerable attention was given to the importance of social hygiene as a factor affecting community problems and the following points were recommended as essential to any social-hygiene program:

1. Early training of the child in the proper care of his body, habits of self control and obedience, together with the giving of a modicum of information with regard to the elementary facts of sex.
2. Education of the adult as to the significance of sex in the individual, family, and social life.
3. Training in purity of thought, self control, and wholesome ideals of conduct at all stages of the individual's education.

Venereal Disease in Ontario Reformatories.—A venereal disease prevention act was passed by the Ontario Legislature Assembly in 1918. According to the third clause of this act all persons committed to any jail or reformatory in the Province may be subjected to examination for the discovery of venereal disease. In event of the findings being positive, the person examined may be detained, isolated, and treated until free from disease.

Dr. A. L. McKay in the official journal of the Canadian Public Health Association describes the workings of the law in the several reformatory institutions in Ontario. Of the inmates of the two reformatories for boys 10 per cent were found to be suffering from syphilis and 6 per cent from gonorrhea. This was in marked contrast to the inhabitants of the girls' reformatories, where 36 per cent of the inmates were infected with syphilis and 47 per cent with gonorrhea. The greater number of women than men suffering from venereal infection was explained on the grounds that the women were committed almost altogether for sex offenses, while the men were committed for more varied reasons. Treatment was given in all the

cases and a high percentage were dismissed as cured or improved. Only about 20 per cent showed no improvement under treatment and this was accounted for by the fact that there had been a history of long past infection on admission. This work in the reformatories is considered by the Canadian Public Health Association to be an important part of the program for combating venereal disease.

Motion Picture Promotes Health Examinations.—The advancement of the National Health Council's campaign for periodic health examinations is assured through the production by the Metropolitan Life Insurance Company of the motion picture, "Working for Dear Life." A recent announcement from this company states that they will send the film free except for transportation charges, to health associations and other organizations desiring it. The picture has been most carefully planned and produced. The following review by the Health Films Committee of the National Health Council gives briefly the essential points regarding it:

That one's body requires the same regular and thorough examination that the various mechanical contrivances receive which make for the daily comfort of the man of to-day, is the central idea of this very effective health film. But more than this, the film also succeeds in giving the audience a working idea, at least, of what a thorough health examination should be.

The scenario is well planned and the argument is convincing. The photography is very good, and the audience is sufficiently interested in Mr. Jones, the so-called hero, to feel satisfaction in his decision to give the intelligent, systematic care to his body that he has always given to his automobile. Unquestionably this film should have wide circulation because it brings a vitally important health message to everyone.

Widely Attended Lectures in Canada.—The series of social-hygiene meetings now being held throughout Canada under the auspices of the Canadian Social Hygiene Council and the Dominion Department of Health are reported as proving most successful. With Mrs. E. Pankhurst, Dr. J. J. Heagerty, and Dr. Gordon Bates as the principal speakers, several motion pictures produced by the American Social Hygiene Association are being shown to audiences numbering in many instances from one to two thousand persons.

In St. John, with Dr. W. F. Roberts, Minister of Public Health, presiding, an audience of 1500 people witnessed "The Public Health Twins at Work," and "Protective Social Measures," Dr. Heagerty's

address being devoted mainly to the necessity for more and better sex education. A meeting, for women only, held in Ottawa and attended by more than 1000, was declared by local social-hygiene groups to have been extremely valuable.

The Canadian lecturers have reported to the American Social Hygiene Association that both the motion pictures and the two sets of slides, "Youth and Life" and "Keeping Fit" used to supplement them, provide most effective graphic aids.

Restrictions of American Divorces in Paris.—An investigation of the matter of American divorces in Paris, recently ordered by Premier Poincaré, has resulted in an order from the Minister of Justice to the French Courts which, it is believed by some, will prevent Paris from being in the future the haven for the maritally restless which it has been in recent years. The new order restrains the French courts from granting divorces to Americans except for reasons that would be recognized as valid under the laws of the state in which the applicant lives.

It is stated that in the past 99 out of every 100 divorces granted in France have been granted on grounds which under the laws of the American states would not justify a divorce. The only action deemed necessary for the person applying for a divorce was to present a letter from wife or husband saying that he or she desired a severance of the marriage tie and after a wait of about six weeks the decree was duly granted. Rarely ever was any ground of divorce alleged except that of desertion.

Under the new regulation, in addition to the usual certificate of residence, the applicant will have to present a document signed by a judge or attorney in the home state showing that the grounds on which the decree is asked are considered legal grounds in that state. This document must also be registered in an American court, thus preventing attempts to obtain a divorce without the publication of the decree, as the judges in the French courts are instructed not to grant decrees until a notice of application as well as of final decision is published. It is assumed by certain legal authorities in America, although the order of the Minister of Justice does not make this clear, that in practice the French courts will hold that adultery committed in America would not be grounds for the granting of a decree in France. Even if this should not hold true, the majority of Americans

applying for a decree in France must allege adultery; and in a minority of cases, long time desertion.

Many Americans have held that the new order will eliminate Paris as the Reno of Europe but certain Paris newspapers have pointed out that this need not follow from the issuance of the new order by the Minister of Justice. It is pointed out that the chief advantages of obtaining divorces in Paris remain, such as lack of publicity and the nature of the evidence required. However, the delays involved will of necessity be such as to lessen materially the number of divorces granted.

Rumors say that Premier Poincaré ordered the investigation following a report from Ambassador Jusserand in Washington that the ease with which rich Americans obtain decrees in Paris was regarded as a scandal in the United States. At any rate, France evidently has no desire to increase the number of divorces already being granted. Any opposition to the measure in France will probably come from those who have mercenary reasons for wishing to continue the lucrative practice in the granting of divorces in Paris. It is reported that a common form of advertisement in the French newspapers is "Divorce within three months on credit; even for Italians."

Venereal Diseases in Switzerland.—Dr. Carrière, Director of Federal Public Health Service and Swiss representative on the Comité de l'office International d'Hygiène Publique, has reported the results of a study of the prevalence of venereal disease made by the Swiss government. The facts for the study were obtained from schedules sent out to the members of the medical profession by the Public Health Service. Of the 2650 registered medical practitioners all received the questionnaire and 75.77 per cent responded. Of the venereal-disease specialists included in this number 95 per cent responded.

From an analysis of the replies received it was noted that about one in every 250 of the population were under treatment for one or other of the venereal diseases in question. From the number of new cases reported it was shown that the annual rate of infection for the whole of Switzerland amounts to 20 per 10,000 inhabitants. Further analysis shows that of the total number of cases reported 68 per cent were men and 32 per cent were women. Among the new cases 75 per cent were men and 25 per cent women. Marital condition seems to be a factor in the incidence of disease as shown by the fact that

of divorced persons 128 per 10,000 are infected; of the unmarried 70 per 10,000; of the married 33 per 10,000; and of the widows 17 per 10,000.

In explanation of the greater number of cases of infection of males reported it was pointed out that the men greatly outnumber the women in several of the cantons where infection rates are highest; and, further, that women are less likely than men to come to physicians for treatment.

Boston University Announces Home Education Department.—Dean Arthur H. Wilde of the Boston University School of Education has announced a new department on Home Education to be in charge of Dr. Ernest R. Groves of the Department of Social Science. Beginning with the new term in February there will be offered a number of courses with reference to various aspects of family life. These courses will be open to the public.

William Graham Sumner on Modern Marriage.—In the *Yale Review* for January, 1924, William Graham Sumner presents an analysis of the ideas and assumptions underlying the modern concept of marriage. While taking into account the instinctive needs and desires which find satisfaction in the marriage relation he also points out the social and ethical significance of the institution in the highly complex civilization in which we live.

The socialistic—more properly anarchistic—view of Bebel that it is a crime against oneself to deny satisfaction to any natural appetite, and that everyone has a right or a just claim to be allowed to satisfy any natural appetite, is totally false. The life of men is enclosed within conditions which men never made and cannot unmake. The limits are as essential to welfare as is liberty. The discipline of law, not the discipline of lawlessness, makes moral strength. It is out of struggle for our ends within the conditions set for us that we win strength. . . . The biologist and the sociologist can join in affirming that sex vice is the surest corruption both of the individual and the group. Marriage, however, is the culmination of growth, vital vigor, power, hope, and sense of command over life. It is a result of ample satisfaction of nutrition. It is an expression, therefore, of the adult out of his or her own fullness, and to him or to her it is an end or a part of self realization, without regard to offspring.

Toronto Social Hygiene Exhibition.—Acting in coöperation with the federal, the provincial, and the local health departments, the Toronto Social Hygiene Council undertook in January a four weeks' social-

hygiene exhibition. The first two weeks were for women; the second two weeks for men. The exhibition consisted of wax models from Paris, demonstrating the ravages of venereal diseases; posters; lantern slides; and moving pictures. The rooms in which the exhibition was held were open for women for several hours each evening, with nurses or other trained assistants acting as guides. Lectures were given each day by educators, physicians, social workers, clergymen, magistrates, or hygienists. It was estimated that approximately 4700 women attended the exhibit; and 25,700 pieces of social-hygiene literature were distributed.

The exhibit for men differed from that of the women in having a somewhat different type of wax models, and different films. A medical committee had arranged for physicians to be on hand each day to offer explanations and answer questions. A series of lectures were given and these were largely attended.

The plan is for the exhibition to move from place to place in Ontario and the Council hopes to make it a permanent feature of its social-hygiene propaganda.

A Method of Sex Education in the High Schools.—How sex education in high schools can be correlated with courses of a strictly cultural content and right attitudes in matters of sex inculcated by frankness in dealing with the fundamental relationships of life, is seen in "Contemporary Fiction and the High School Teacher of English," by Carl Van Doren, a pamphlet published by the New York City Association of Teachers of English.

Take Edith Wharton's *Ethan Frome*, which I have called the first great love story and, I may say, practically the only great love story produced in the United States since *The Scarlet Letter*. We have here, of course, one of the most difficult of our problems with the adolescent, which is how to deal with the troubled aspects of love. Personally, I do not see how the problem could have been handled much worse than it has been. You cannot lie to most children about love worse than they have been lied to. I believe that the essential thing on this point is to show them that such matters can be discussed openly, in a group, and not left to the accidents of subterranean discovery. After all, the love of human beings is not so simple as we might be led to think from reading stories in the popular magazines wherein one nice clean American boy after another meets a nice clean American girl, gives her a nice clean American ring, and leads her to a nice clean American altar. This version of love, exaggerated as I may seem to make it, practically exhausts the attitudes and methods of romantic fiction.

As a matter of fact, much of the great literature of the world is concerned

with love, and with occasions in life when love does not run smooth, or true. If children are to be allowed to think that love is all as simple as the average magazine story, then they are prepared as badly as they could possibly be for either literature or life. I feel that it is decisively the duty of the teacher of literature to adolescents to make them aware how varied the world of sex life is.

It is true, we are handicapped by the fact that American and Victorian literature have been so indecently decent, so immorally moral that we cannot expect that our pupils will have even a decent language in which to discuss love, because books and grown up people have left them to find out such things in the language of obscenity. We must first of all establish a decent tone in the classroom, must use decent language. We must escape from self-consciousness, must resist the temptation to argue pro or con about the need of talking about troubled love, and must talk about it as we would talk about any other vexed problem which the lives of characters in literature bring up for discussion.

I should say that *Ethan Frome* is perhaps as good an opportunity for this as can be found in modern American literature. It is a great and tragic love story about simple people. It has this advantage over the large bulk of contemporary literature which goes in a self-conscious and ostentatious way to the discussion of sex matters.

Dr. Edward Lawrence Keyes.—Dr. Edward Lawrence Keyes died in New York, January 24, 1924. He had long been interested in the social-hygiene movement, having been one of the earliest advisers of his son Edward L. Keyes, Jr. and Dr. Prince A. Morrow in developing the Society of Sanitary and Moral Prophylaxis, an organization which did pioneer work in this field. In 1870 he delivered the first series of lectures on dermatology at Bellevue Medical College, and for twenty years he was associated with that institution. During this time the therapeutics of mercury was practically revolutionized by the result of his researches, which proved that mercury is a tonic when taken in small doses. In the field of medicine his writings were outstanding contributions and his teaching ability made him a leader in professorial ranks.

In later years the directors of the social-hygiene movement gladly availed themselves of the advice and experience of Dr. Keyes in building the foundations of the present-day social-hygiene program.

Dr. Keyes was the father of Dr. Edward Loughbridge Keyes, Professor of Urology, Cornell University Medical School, and President of the American Social Hygiene Association.

Publication of Important Series of Health Books Announced.—In order to provide the general public with authoritative books on health at low cost, the National Health Council has arranged with the Funk & Wagnalls Company for the publication of The National Health

Series. This series will contain twenty books on all phases of human health, written by authorities. The titles, authors, and brief descriptions of some of these volumes, follow:

MAN AND THE MICROBE; How Communicable Diseases are Controlled. By C.-E. A. Winslow, D.P.H.; Professor of Public Health, Yale School of Medicine.

A description of germs and germ diseases and how they are spread, together with practical methods of disease prevention by means of sanitation.

PERSONAL HYGIENE; The Rules for Right Living. By Allan J. McLaughlin, M.D.; Surgeon United States Public Health Service.

Practical suggestions as to how to apply personal hygiene to promote health and get the most out of life.

COMMUNITY HEALTH; How to Obtain and Preserve It. By D. B. Armstrong, M.D.; Sc.D.; Executive Officer of the National Health Council.

An outline of what the community should do for the health of its citizens and what each person should do to make his community a healthy place.

THE HUMAN MACHINE; How the Body Functions. By W. H. Howell, Ph.D., M.D., LL.D., Sc.D.; Associate Director, School of Hygiene and Public Health, Johns Hopkins University.

A non-technical, literary description of the anatomy and physiology of the human body, the most wonderful machine of all.

THE YOUNG CHILD'S HEALTH. By Henry L. K. Shaw, M.D.; Clinical Professor, Diseases of Children, Albany Medical College.

How to care for the health of the runabout child from two to six years of age.

THE CHILD IN SCHOOL; Care of Its Health. By Thomas D. Wood, M.D.; Professor of Physical Education, Teachers College, Columbia University.

Promotion of health habits in children of school age and exactly how to go about it.

TUBERCULOSIS; Nature, Treatment, and Prevention. By Linsly R. Williams, M.D.; Managing Director, National Tuberculosis Association.

Covers the whole field of tuberculosis, the cause, spread, treatment, prevention and duties of citizens, patients, and the community.

THE QUEST FOR HEALTH; Where It is and Who Can Help Secure It. By James A. Tobey, M.S.; Administrative Secretary, National Health Council.

A statement of what health is, how it may be obtained, and a description of the actual help which the government, states, municipalities, physicians, and voluntary health agencies can give to individuals.

LOVE AND MARRIAGE; Normal Sex Relations. By T. W. Galloway, Ph.D., Litt.D.; Associate Director of Educational Measures, American Social Hygiene Association.

The various elements, biological, social, and sexual, which make up a successful and happy married life.

FOOD FOR HEALTH'S SAKE; What to Eat. By Lucy H. Gillett, M.A., Superintendent of Nutrition, Association for Improving the Condition of the Poor, New York.

An outline of what and how to eat for maximum efficiency and health building.

HEALTH OF THE WORKER; How to Safeguard It. By Lee K. Frankel, Ph.D.; Chairman, National Health Council.

Hygiene and sanitation in factory and shop and how industrial workers can protect and promote their health.

EXERCISES FOR HEALTH. By Lenna L. Meanes, M.D., Medical Director, Woman's Foundation for Health.

Illustrative material giving to individuals the type of exercise best suited to each one's personal needs.

VENEREAL DISEASES; Their Medical, Nursing, and Community Aspects. By W. F. Snow, M.D., General Director, American Social Hygiene Association.

A non-technical discussion of cause, spread, treatment, cure, and prevention of each of these diseases and related social-hygiene questions.

YOUR MIND AND YOU; Mental Health. By Frankwood E. Williams, M.D., Medical Director, National Committee for Mental Hygiene.

Describes how your mind can be a friend or enemy and how it can be enlisted as your ally.

THE EXPECTANT MOTHER; Care of Her Health. By R. L. DeNormandie, M.D., Specialist, Boston, Mass.

The health care needed during pregnancy in order that both mother and baby may be healthy and well.

ADOLESCENCE; Educational and Hygienic Problems. By Maurice A. Bigelow, Ph.D., Professor of Biology and Director School of Practical Arts, Teachers College, Columbia University.

The scientific and sociological aspects of adolescence to explain the proper transition from childhood to adult life.

It is expected that there will be a wide demand for the set which is to sell at \$6.00 net, or at \$.30 per volume, the average number of pages per volume being seventy.

ASSOCIATION NOTES

A departure from the usual type of church institute for leaders of young people is seen in that of Trinity Episcopal Church in Pittsburgh of which Dr. Percy G. Kammerer is pastor. The seven weeks' program includes a thorough survey of modern social problems with particular emphasis upon the changed environmental and social conditions which confront the youth of to-day. The lecturers for the week of February 11-16 are Dr. Stearn, principal of Phillips Andover Academy and Dr. Thomas W. Galloway of the Association's Staff. Dr. Galloway will speak at noon on February 12 and 13 on the subject of "The Ethics of Youth, A Challenge to the Present Generation."

* * * *

Considerable importance is attached to recent efforts of colored leaders to perfect methods for the practical application of the principles of sex education to church groups. A large institutional church in the Harlem section of New York City has been selected for one

demonstration, and five model classes are being taught by trained leaders as a part of the experiment. An advisory board of ten persons consisting of psychologists, physicians, lawyers, and social workers, are aiding in working out the methods of instruction and plans for collecting and making practical use of the resulting experiences of the teachers during the teaching period and in the discussion which follows. The work is under the direction of Dr. Sarah Brown of the National Board of the Y. W. C. A. and Mr. Franklin O. Nichols of the Association's Staff.

* * * *

The recent visit to the United States of Frau Adele Schreiber, member of the German Reichstag, and well-known student in the field of sociology, gave a splendid opportunity to gain fresh impressions of conditions in a country where the social order is changing with bewildering rapidity. In her lectures in this country Frau Schreiber gave the results of her investigations into the various problems of social hygiene, including the campaign against prostitution and the venereal diseases, contraception, illegitimacy, and alcoholism. In the course of a visit to the Association she related how the extensive program of the German government for meeting the problems arising in these fields has broken down under the stress of present conditions, and remedial and constructive measures have had to be abandoned or left to private initiative. Her descriptions of conditions in Germany were so clear and ample as to furnish abundant opportunity for comparison with the American situation.

Dr. Haven Emerson who, in company with Professor Ernest M. Patterson of the University of Pennsylvania, recently made a survey of health conditions among German children at the request of the American Committee for the Relief of German Children, also talked to the Association's staff on this occasion, both he and Frau Schreiber being guests at an informal staff luncheon. Doctor Emerson described briefly some of the outstanding conditions noted by the surveyors, his statements giving ample evidence that the need for food in Germany is real and urgent.

* * * *

"The Teacher's Part in Social Hygiene," a thirty-two page pamphlet by B. C. Gruenberg, is the newest publication of the Association. Although off the press less than a month, many orders have been received for copies, some organizations purchasing in quantities for distribution to the educators in their communities. The price of this pamphlet is fifteen cents per copy and \$10 per hundred.

BOOK REVIEWS

THE EVOLUTION AND SIGNIFICANCE OF THE MODERN PUBLIC HEALTH CAMPAIGN. By C.-E. A. Winslow, D.P.H. New Haven: Yale University Press, 1923. 65 p.

He would indeed be gloom-ridden who could read through this little volume without feeling a sense of optimism and gratitude. The optimism is warranted by the remarkable public-health achievements described; the gratitude is but a just tribute to the self-sacrificing devotion of that illustrious group of scientists who have made the achievements possible. Sabatini in his novel, *Fortune's Fool*, depicts graphically the ravages inflicted on the London of Charles II through the agency of the Great Plague. In language less romantic, but vivid in its incisiveness and interest, Professor Winslow traces the conquest of this and other plagues from ancient times to the present. He has not attempted a detailed history but has well attained his object of glimpsing "a few of the highest mountain peaks which stand out in the history of public health."

In presenting the programs and persons of greatest influence on the sanitary awakening of the United States, the author dwells mainly on the work of early English sanitarians as they, he says, furnished the impulse for this movement. "So far as the United States is concerned, the public-health movement began with the Report of the Massachusetts Sanitary Commission in 1850, a document which drew its inspiration directly from Chadwick and Simon," the great English sanitarians.

Throughout the book there are many references to the value of and necessity for public education along health lines. The constant recurrence of this theme indicates its importance in the mind of the author. He quotes from Simon to this effect: "Education in the full sense of the word, is the one far-reaching, true reformer, for which in all domains the sufferers have to work and hope." On another page he says, "Hygienic instruction, plus the organization of medical service for the detection and the early treatment of incipient disease—these are the twin motives of the modern public-health campaign." A third reference reads:

The dominant motive in the present-day public-health campaign is the education of the individual in the practice of personal hygiene. The discovery of

popular education as an instrument in preventive medicine, made by the pioneers in the tuberculosis movement, has proved almost as far-reaching in its results as the discovery of the germ theory of disease thirty years before.

The chapter on Pasteur, the "ardent and tenacious little French chemist working in the dingy laboratories of the École Normale," is an example of scientific information combined with simplicity of description; and the narration, in a later chapter, of "the most dramatic episode in the whole history of public health, the conquest of yellow fever," forms a moving tribute to Walter Reed and his associates, James Carroll, Hesse W. Lazear, and Aristides Agramonte.

For his closing chapter the writer reserved the title, "The New Public Health," and in it he deals with those activities which to a large extent have been promoted and sponsored by voluntary agencies. The reference to social hygiene, closing as it does with a striking statement of the author's belief in the great value of this movement, will prove most interesting to many:

Among these special programs we must, even in the briefest survey, add to those already cited the campaign against venereal disease, in which the United States has played the part of a pioneer. It is true that it was Fournier in France who first launched a concerted effort, medical, social, and educational, against the Black Plague of syphilis and gonorrhea in 1900, when the French Society of Sanitary and Moral Prophylaxis was founded. The movement first gained its real impetus, however, in America under the inspiring leadership of Prince A. Morrow, who organized the Society for Sanitary and Moral Prophylaxis in this country in 1905. The discovery of the causative organism of syphilis in 1905, the development of the Wassermann reaction in 1907, the preparation of salvarsan in 1910, gave the necessary scientific basis for the movement; but it was the stand taken by the American Army and Navy during the World War, which brought it to real and effective maturity.

For the first time in the history of the world, military and naval authority was frankly and definitely bent, not only toward the treatment of venereal disease but toward its prevention, by firm and vigorous endorsement of masculine continence. It is probable that since the beginning of time there has never been a cleaner group of young men than the American Expeditionary Force; and the reflex effect upon the civilian campaign against venereal disease was so great that I am convinced America has gained in this one direction more lives than it lost through the destruction wrought by German shot and shell.

We know of but few books which can rival this in conciseness and value of contents.

R. H. E.

BRIEFER COMMENT

BOOKLESS LESSONS FOR THE TEACHER-MOTHER. By E. F. Lynch. New York: Macmillan Company, 1922. 265 p.

Before children are ready for school or to learn from books, they should learn "to obey, to pay attention, to apply" themselves to their tasks; they can then make the most of "book-learning." For mothers who are willing to train their children along these lines, this book will serve as a guide and an inspiration. Some of the chapters cover "Psychology and Pedagogy," "Discipline: Habits," "Training Children to Observe," "Religious Education," and "Morals and Manners." An index adds very much to the value of the book for reference.

MOTHER, HOW WAS I BORN? By Marie Stopes. London: G. P. Putnam's Sons, 1923. 25 p.

In this little pamphlet, Dr. Stopes emphasizes the importance of the parents having, themselves, the right attitude to questions of sex so that even before the child can understand the explanations, he will absorb the spirit of his parents and his whole outlook upon life will be strengthened and broadened. She also gives an imaginary conversation between a little boy and his mother which will no doubt be helpful to parents who find themselves unable to answer the first question, "Where did I come from?"

THE PRINCIPLES OF VITAL STATISTICS. By I. S. Falk. Philadelphia: W. B. Saunders Co., 1923. 258 p.

While there are several textbooks for advanced students of vital statistics, the growth of the public health movement has resulted in a decided increase in the number of persons who have had to prepare and to use vital statistics. Dr. Falk's book is the outgrowth of a course of lectures and exercises in vital statistics given to the students in the public health nursing course offered by the New Haven Visiting Nurse Association in coöperation with Yale University.

In the foreword Dr. Winslow says: "It is no easy task to present the elements of vital statistics simply and clearly and in readable fashion; but this task, as it seems to me, Dr. Falk has accomplished."

PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK at the fifteenth anniversary session held in Washington, D. C., May 16-23, 1923. Chicago: 1923. 566 p.

This volume containing the addresses made at the Jubilee meeting of the National Conference of Social Work is of exceptional value. Readers of the JOURNAL will be especially interested in those addresses made at the Health Division meeting, those on Law and Government, and Sex-education in the Schools.

VENEREAL DISEASES. Appendix to Diagnosis and Treatment. (Report of medical committee.) Edited by J. J. Heagerty. Ottawa: Department of Health, 1923. Publication no. 281. 22 p.

This is the final report of the Canadian Social Hygiene Council's Medical Committee on the diagnosis and treatment of gonorrhea and syphilis, and is a valuable contribution to the knowledge of these diseases.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

JANET F. MELVAIN,

Research Librarian, National Health Library

- BERGER, DR. Venereal diseases in Germany. *Venereal-disease information* (United States Public Health Service), 4:395-400, 451-463, October-November 1923.
- BOARDMAN, R. Marriage—a selective process. *Atlantic monthly*, 132: 623-27, November 1923.
- BOWMAN, A. K. Syphilis as a complication of tuberculosis. *Lancet* (London), 205:1288-92, December 15, 1923.
- BUCK, J. Thirty years as a part time medical officer of health in a rural district. *Public health* (London), 37:58-61, December 1923.
- DORSEY, T. M. Social diseases. *Urologic and cutaneous review*, 27: 744-47, December 1923.
- DUBLIN, L. I. City health departments as they are and should be. *Survey*, 51:325-27, December 15, 1923.
- Epoch-making contributions to the study of syphilis. *American journal of syphilis*, 7:726-35, October 1923.
- HURST, G. B. Legalization of child adoption. *Child* (London), 14:75-76, December 1923.
- LAWRENCE, J. S., AND TEWKSBURY, R. B. The incidence of venereal disease at different ages. *Venereal disease information* (United States Public health service), 4:435-41, November 20, 1923.
- LONGWORTHY, M. L. The need of recreation and social standards for boys and girls. *Child welfare magazine*, 18:222-23, January 1924.
- MARTLAND, H. S. The present status of the curability of syphilis. *Monthly bulletin*, Newark, N. J., Department of health, n.s. 6:1-10, November 1923.
- McKAY, A. L. Incidence and treatment of venereal disease in Ontario reformatories. *Public health journal* (Toronto), 14:557-60, December 1923.
- Playground and recreation association of America. Tenth congress. *Playground*, 17:435-44, November 1923.
- REASONER, M. A. Controlled prostitution in Coblenz, Germany. *American journal of syphilis*, 7:713-19, October 1923.
- ROWELL, H. G. The adolescent girl becomes a health asset to the home. *Nation's health*, 5:877-78, 927, December 15, 1923.
- SETLINA, K. S. Maternity and infant welfare work in Delhi. *Social service quarterly* (Bombay) 9:63-66, October 1923.
- THOMPSON, L. The great red plague. *Hygeia*, 2:47-51, January 1924.
- WEISS, M., AND IZGUR, L. Syphilis as a factor in the etiology of mental deficiency. *Journal of the American medical association*, 82:12-14, January 5, 1924.
- The working of venereal centres. *Lancet* (London), 205:1352-53, December 22, 1923.

Journal of Social Hygiene

VOL. X

MARCH, 1924

NO. 3

EDUCATION IN RELATION TO PROSTITUTION

J. J. HEAGERTY, M.D., D.P.H.

Chief of the Division of Venereal Disease Control, Department of Health, Canada

Undoubtedly the greatest single preventive of prostitution is education; just simple common school education. The lower in the scale and the smaller the amount of education in a community, the greater the amount of promiscuity and prostitution. This is well exemplified among some primitive and semi-civilized races. In Siam over half of the female population are infected with venereal disease before they have attained the age of twenty-one years and in some parts of Russia, in which common school education is practically non-existent, almost the entire population is infected with venereal disease which has, in greater part, been transmitted genitally. The widespread prevalence of syphilis in Haiti has often been commented upon and Dr. Choisier, in speaking of laboratory findings in that country, says that syphilis has been found in as high as 71.2 per cent of admissions to the city general hospital at Port au Prince. Those who are

familiar with the standards of education among Haitians do not find these figures extraordinary.

Promiscuity and prostitution are so great among some primitive and semi-civilized people that they are said to be unmoral rather than immoral. The smaller the amount of education, the more crude and unattractive the prostitute. It is a far cry from the trousered "sew" "sew" women of Shanghai, who are distributed by their exploiters among the crews of vessels on their arrival in port, ostensibly to sew but in reality for immoral purposes, to the exquisitely gowned, coiffured, and daintily perfumed *demi-mondaine* of the *Rue de la Paix* or the neatly tailored, manicured, and business-like habitué of Regent Street or Fifth Avenue; yet both are the product of one and the same factor—ignorance. Not ignorance of life and the meaning of sex relationships alone, but the ignorance of the child who either has not been to school or has left school in one of the early grades.

As a rule, prostitutes are women with the mentality of children—child-women who float up and down on life's tides; aimlessly drifting, the lure and the sport of the seducer. The problem of these child-women grips the soul.

Step ashore at Singapore and the ubiquitous Malayan with his umbrella and oily smile asks you if you would like to go to "Malay" street where you may have your pick of women of any nationality—white, yellow, or black—literally true. They are recruited from all parts of Europe, Asia, Africa, and America for immoral purposes. I remember how shocked I was when, on my first visit to China, I learned that white American women were provided in Shanghai for Oriental clients. Only a few weeks ago a number of these child-women were detained at Barcelona bound for a South American port ostensibly for domestic service, but in reality for the purpose of prostitution. Singapore, Penang, Hong Kong, Shanghai, Yokohama, Rio, Montevideo, etc.; anywhere you go you may have your choice of color and nationality.

Step ashore at Coronel or Callao and the "piloto" addresses

you in words almost identical with those of the Malayan, "What will you, white, yellow, or black?" Go where you will, the tide has deposited its burden and the supply of prostitutes is ever adequate. Not long ago the statement was authoritatively made that a cue of men were seen awaiting their turn outside of a house of prostitution in one of our Canadian cities and that it was known for a boy to be paid to hold a place in the line; again ignorance with cupidity and lust as partners.

It is common knowledge that the majority of prostitutes are recruited from the ranks of girls who leave school at or before the fourteenth year. Psychiatric studies of delinquents carried out in Canadian venereal disease clinics show that approximately 40 per cent had left school at or before the age of fourteen years. This bears out the psychiatric studies of delinquents carried out in extra-cantonment zones in Kansas and Kentucky.

A study of 15,010 women and girls by the United States Interdepartmental Social Hygiene Board shows that the great majority had their first sex experience between the ages of fourteen and sixteen years, with the high peaks at the ages of fifteen and sixteen years. The majority were employed in unskilled occupations requiring little or no education or training; 68 per cent were employed as mill workers, domestics, waitresses, and laundresses. Twenty-six per cent had left school at the age of fourteen years and 53 per cent had ceased to attend school between seven and fourteen years. Uneducated and unsophisticated, these child-women were forced to face the world alone and unprotected. Society does not make any provision to help them in their struggle for existence. When questioned as to why they had committed their first sex act, the majority of these girls replied that they did so on promise of marriage on condition of pregnancy, or for love. Child-like! Here is evidence not only of lack of specific knowledge of sex relationships, but of lack of judgment as well. One of the biggest factors in the prevention of prostitution is

judgment and the object of education is to develop to the fullest the power of judgment.

The solution of the problem then would appear to be found largely in the word, "education"; everyday common school education! Schooling up to the age of sixteen years should be the inalienable right of every child. No girl of sixteen years or under should be allowed to face the world alone and unprotected. There is a marked drop in the number of girls who begin their career of prostitution after the sixteenth year; that is an outstanding fact. If the girl can be kept pure until the seventeenth year, the probabilities are very strong that she will not become a prostitute.

Both sexes are innately modest and modesty makes for purity. The human race is intrinsically pure and given half a chance will continue in purity. An example of what a little education and character training will do for the individual is well illustrated by the following. Not very long ago one of England's foremost costumers and designers, a clever woman with a world-wide reputation in her profession, applied her knowledge and skill to bring out the hidden beauty and talents of three of her shop girls. She showed them how to care for their bodies; how to carry themselves; how to improve their phraseology and terminology; and how to dress. In other words she taught them how to use their mental and physical assets to the best advantage. The result was that all of them to-day adorn society as wives of representative and influential men.

Education alone will do much to prevent prostitution, but to this should be added specific knowledge of life and human relationships. A short while ago an intelligent girl of eighteen years in one of our Canadian clinics was asked why she had become a prostitute. She said her step-father had beaten her on a number of occasions and two years before she had run away from home and had drifted into prostitution; but, said she, "If I had known the meaning of my actions and

their consequences, he could have beaten me into the ground and I would not have left home."

A few days ago as I was riding home in a street car, reading "Youth and the Race," by Sir James Marchant, K.B.E., LL.D., a laborer sitting beside me addressed me and said, "Say, is that a medical book?" I explained that it was the report of a commission that had been appointed to study problems of youth and parenthood in England. He said, "I was reading it over your shoulder. Too bad young folks don't get more information about the facts of life; if girls knew more about themselves there would be fewer prostitutes."

Under Section 5 (a) of the report of the British Commission on Problems of Population and Parenthood, we find the following:

In view of the vital importance of sex hygiene to the nation, and since, owing to the lack of sound teaching, children and adolescents are at present acquiring a vitiated knowledge of this important subject, it is, in our opinion, urgently necessary that the state should through the Ministry of Education take such steps as may be necessary to ensure that every boy and girl, before leaving school, shall receive definite biological and physiological instruction about the facts underlying sex and the sex relationships, ethical guidance as to the duties, privileges, and responsibilities of parenthood, and the right way of living the sex life, together with some warning concerning the physical, mental, moral, and racial dangers which attend any lowering of the standard of sex morality.

Again in the same report we find the following in the evidence of Miss Norah March, B.Sc.:

To-day we are suffering racially, socially, and individually, because we have left to promiscuous, haphazard influences, education in these important matters of sex and parenthood; it can do no good to blame those who in the past failed in their duty toward us—they had not the knowledge which is to-day at our disposal. But we shall be found wanting, if in the light of this modern knowledge which is ours, we fail to give information, guidance, training, and inspiration to the youth of to-day.

It is our experience in Canada that there is a tremendous demand for information by all classes of society; a demand which is quite legitimate and which is not an evidence of prurient curiosity, nor a salacious interest, but a normal demand for knowledge of the simple facts of life. At one of our lectures in New Brunswick the Lieutenant Governor of the Province who was acting as chairman said, in introducing the speakers, "This is the largest audience I have ever addressed in New Brunswick." At a lecture for young men the theater was so packed a half hour before the lecture was scheduled to begin that it was found necessary to close the doors and begin the lecture at once. The crowds which continued to arrive broke down the doors. Repeatedly, hundreds have been turned away. Psychiatrists tell us that lectures to large crowds is not the ideal way to impart information; that the personal touch, which is so essential, is lost. This is no doubt true, but if we wait for individual parents or instructors to reach the young individually, our task is a hopeless one. A great deal depends on the foresight and skill of the lecturer. Parents, religious instructors, psychiatrists, teachers, and others confuse us by telling us how we should deal with the problem of prostitution—each has a different method or modification of the same method to offer—and meanwhile the young solve their problems, as so many of their predecessors have done, in the hard school of experience. Here in Canada we may not be doing things in the ideal way; we are making mistakes, no doubt; but we are gaining knowledge and experience.

One of the objects of education is the molding of public opinion. After a lecture the writer has been frequently approached by "men about town," middle aged men, men who have had their fling, who insist that our methods are wrong; the solution of the problem, they say, lies in segregation. Their views must be corrected as they work much harm. Only a week ago the writer received a letter from Dr. M. M. Seymour, M.O.H., Saskatchewan, who is one of a committee

appointed under the auspices of the League of Nations to make a tour of American and European cities to study health conditions. He writes me as follows:

In Antwerp they would show you what they consider most satisfactory results from the examination of prostitutes. They can quote figures in Belgium showing the reduction of syphilis that cannot be duplicated in America.

It happens that I know Antwerp so well that I could find my way around and about it blindfold. I will wager that any night I could find considerable numbers of prostitutes within a radius of one mile of the cathedral who are spreading venereal disease and who have never been examined by the authorities. The chief of police who succeeds in registering one half of the prostitutes within his precinct is doing good work. If there has been any reduction in syphilis in Antwerp, it is due, in my opinion, to the use of prophylactics, knowledge of which was so universally propagated during the war, and not to examination of prostitutes. While there is something to be said for prophylaxis—witness the Trevethin report—there is nothing to be said for segregation and examination of prostitutes. There is as much, if not more, street soliciting in European cities where segregation and examination of prostitutes is in force, as there is in American cities where repression is in force. One meets with extremists of various kinds. A few weeks ago the writer addressed a group of men in one of the city churches and offered for their consideration a solution of the problem of prostitution. One member of the audience said that he did not agree with the method advocated by the speaker; in his opinion, the way to meet the problem was to bring the prostitutes into church one by one and kneel down with them and pray. Religion, undoubtedly, plays an important part in the rehabilitation of the prostitute, but it is not the sole nor the most practical way of solving the problem. A proper mental attitude on the part of the public is essential. There is no reason why people

should go in fear and trembling to hear a discussion of sex; nor should they feel that such discussions are meant only for the salvation of the depraved. Sex education deals with human relationships and a thorough and scientific knowledge of such relationships is essential to the happiness of the individual and society. A short time ago at a meeting in a small town in Canada the audience, which was composed entirely of women, arose as the speakers entered the hall and sang, "Throw out the life line, someone is sinking to-day." The viewpoint in this case was quite wrong.

In addition to providing education of the right sort, it is the duty of the community to see that the child is not provided with education of the wrong sort. For example: In a small western Canadian town of about 12,000 inhabitants there are 23 houses of prostitution. These are situated in one section of the town and the visitor to the town soon becomes cognizant of their presence. In each of these houses there are two or more inmates. Some of these may be seen at night sitting on the front door step, soliciting. The writer was informed that these houses were tolerated by the authorities because of the fact that twenty thousand dollars in fines for the illicit sale of liquor was collected from them annually and this money went to pay the salaries of the police force. When the writer discussed the problem with two of the controllers of the town, he was told that "prostitution was a necessary evil; that if the district was broken up the inmates would solicit openly on the streets and men would assault women in the streets; nobody would be safe." The old story! The writer pointed out the fact that in other Canadian cities of ten times the size there were not any houses of prostitution and yet men were not solicited nor women assaulted in the streets. Argument was in vain! Finally, one of the controllers was asked if he had any children. He replied that he had two boys, the older of which was thirteen years of age. When asked if his thirteen-year-old boy knew of these houses he replied, "No." When asked

if his boy was blind, he replied, "No." The writer pointed out the fact that if his boy were not blind he must know of these houses because the boy is usually the first person who knows of the presence of a house of prostitution in the community. It was pointed out that it was more than likely that his thirteen year old boy knew of these houses and that when he grew older he might be tempted to enter one of them. Toleration of prostitution by the constituted authorities is taken for official sanction by the young and they are quick to take advantage. That same night a branch of the Social Hygiene Council was formed in that town and one of the first persons to join was the controller, father of the thirteen year old boy. As soon as the problem of his own flesh and blood entered into the question, he saw things in their true light. Segregation is all right as long as it is the other man's children who are the victims!

In our educational campaign in Canada we are using the American Social Hygiene Association films, "The Health Twins at Work," and "Social Protective Measures"; as well as the slides, "Youth and Life," and "Keeping Fit"; which have been kindly loaned us. Our method of procedure is as follows: Through the coöperation of the Canadian Social Hygiene Council and the Dominion Department of Health, each Sunday night the most popular moving picture theatre in some town is engaged and the meeting advertised in the local newspapers and churches. The program opens with "The Health Twins at Work", followed by "Social Protective Measures." A lecture is then given, dealing with various phases of social hygiene. As these lectures are for adults, a special effort is made to drive home to them the necessity for the education of boys and girls in the elemental principles of life as a preparation for their careers as citizens and parents. The provision of recreational facilities is stressed; the problem of prostitution and venereal diseases, the relationship of immoderate and extravagant living, and of excesses of various kinds to present day unhap-

piness are discussed. Following the lecture, some of the slides from the series, "Youth and Life", and "Keeping Fit" are shown. This program gives two hours of instruction in an entertaining way. We believe that in this way the representative people of the community are influenced to take a greater interest in the problem of boys and girls. At times the program is given as outlined to women only, and, at times, to men only. This gives us the opportunity of reaching these groups with special types of lectures. In addition, special lectures by members of the professional staffs of the Universities are given. The subject matter of some of these lectures are, "Social Hygiene"; "Sex Education"; "The Venereal Diseases"; "Talks to Boys"; "Marital Unhappiness"; etc. Exhibits of wax models which provide a medium for lectures and film-showings are held. Through the Dominion Department of Health, every physician in Canada receives a monthly "Abstract of Current Venereal Disease and Social Hygiene Literature."

It is generally conceded that the three greatest factors in the prevention of sex delinquency are character, protection, and knowledge. It is the duty of the parent to give character, the municipality to give protection, and the qualified teacher to give knowledge. The girl who has attended school until the end of her sixteenth year and who, in addition, is possessed of character and a knowledge of the underlying factors that make for social happiness is triply protected. She will not become a prostitute!

THE MORALS BUREAU OF PARIS¹

CHLOE OWINGS

Docteur de l'Université de Paris (Lettres)

Editor's Note.—The following article is a translation of Part IV of the first Social Service Thesis in the Sorbonne, Paris—*Le Tribunal pour Enfants—Étude sur le Traitement de L'Enfance Delinquante en France.*

The first part of the book—ALONG THE ROAD TO THE COURT—studies the various steps followed by the accused children before they reach the court. The second—BEFORE THE COURT—reviews occurrences in the courtroom, analyzes the judgments rendered in their relation to the nature of the offense, the age, sex, and social and psychological conditions of the accused. The third—AFTER THE JUDGMENT—studies the probation system, the private reform schools and institutions for children, and the state penitentiary colonies. Three chapters—THE INCORRIGIBLE CHILD, THE MORALS BUREAU, and SOME PERSONAL OBSERVATIONS—complete the thesis. In December, 1923, the French Academy of Political and Moral Sciences awarded to Miss Owings the *Priz Carlier* for her book, which is thus singled out by the French institute as the book which, in the three years just passed, has contributed most to the moral and physical advancement of the masses of Paris. Miss Owings is the first woman to take a degree in sociology in a French university. As a practical result of her studies, social service work has been instituted in the Children's Court at Paris under a special committee of which she is a member.

The Morals Bureau of Paris approaches the problem of commercialized prostitution from a double point of view: Public order and public health. This study is of the treatment of minors by the Bureau, but in order to understand how cases of girls under eighteen years² are handled, it is necessary to outline briefly its general organization.

Several laws govern its administration. The most general

¹ The name of this service is *Le Service des Moeurs.*

² Eighteen years is the age limit of the Juvenile Court.

in character is that of April 5, 1884, which gives the Mayor the authority in his conscription to take whatever measures are necessary to protect public health.

In Paris the law of 1884 is inapplicable but the Préfet de Police derives the power to control prostitution from certain very old laws. These laws are those of the 6th and 24th of August, 1790; of July 24, 1791; of the 28th Pluviose, Year VIII; and lastly the Consular Decree of the 12th Messidor, Year VIII. This last mentioned law gives the Mayor the power to inspect "houses of debauch and those who frequent and live in them." Another Consular Decree of the 3rd Brumaire, Year IX, invests the Préfet with the same powers in the various communes in the department of the Seine. In the French capital these duties are vested in the Fourth Bureau of the Second Division of the Préfecture de Police of which the Chief is M. Marc Honnorat. He is a member of the Commission on Public Hygiene and Sanitation and is constantly in touch with experts, private citizens, scientists, and philanthropists who interest themselves especially in this subject.

The Morals Bureau is vested with the direct sanitary supervision and police control of the individuals who come under the jurisdiction of this particular law. The staff of this Bureau—all men—is composed of a Chief, Assistant Chief—charged particularly with interviewing the women—clerks, and office assistants. Special secret service officers are held responsible for the supervision of the inmates of the bordells and houses of rendezvous. Policemen, in civilian clothes, perform the same function in relation to those prostitutes who solicit publicly on the streets.

SERVICE OF SANITARY INSPECTION.—All women arrested for infraction of the regulations of the sanitary control service are taken to the central police station where they are examined for venereal disease at the special free dispensary. This medical service is maintained by a regular staff of 22 physicians working in relays of two from 11 A.M. to 5 P.M. on week-

days. On Sundays and holidays the dispensary opens for one hour only, from 11 A.M. to 12 noon, when only registered³ women are examined. Any other women who are arrested on these days, not being known to the Morals Bureau, must await the resumption of the regular service for identification. This same fact permits, on ordinary days, the examination of the registered before the unregistered women.

The sanitary service is effected in the bordells and the houses of rendezvous by a corps of 24 physicians who visit the houses and there examine the women. The keepers of the houses pay a certain fixed sum for the examination of each person.

The law prohibits the frequenting of these houses by girls under eighteen years of age. If, as happens very rarely, an agent of the secret service or a physician suspects any resident of these houses to be under age, the matter is reported to the Bureau and an investigation is immediately opened.

The Inscription.—The Morals Bureau gives to the so-called “public women” special cards whose only object is, so it is maintained, to permit the administration to impose upon the holders a regular periodic examination for venereal disease. Not only does the present Chief of the Service insist upon this last point, but the official regulations stress it thusly:

Important Notice: The card issued to prostitutes at the time of their inscription, in no way constitutes either authorization for, or an encouragement to lead a life of debauch; nor should the holder of the card use it as a means of avoiding gainful occupation.

The purpose of the card is to enable the administration to force the known prostitutes to visit regularly the venereal disease dispensary. This visit is required in the interest of the prostitute, as well as that of the public health.

Inscription takes place under two circumstances: At the request of the prostitute herself and by decision of the Morals

³ “*Femmes en carte*” this term is applied to those women who are inscribed on the registers of the Morals Bureau as earning their living by prostitution.

Bureau which then officially registers her. This last measure, which may appear rigorous, is applied only after several arrests and as a final resource when the Bureau is convinced that the woman is a habitual prostitute and, as such, should be compelled to undergo regularly a physical examination. Girls under eighteen years of age may never be inscribed and the Bureau does all in its power to prevent inscription of women between eighteen and twenty-one years of age.

Each woman inscribed receives annually her individual card which the law requires her to carry at all times. Those suffering from syphilis receive red cards and are required to submit to a weekly physical examination. The other women inscribed are given white cards and they must call at the dispensary for examination every two weeks. The physician pronounces the woman ill when she is in a condition to infect her customers. She is then sent to the infirmary in the Prison of St. Lazare and which is attached, administratively, to the Morals Bureau. She is discharged when the house doctor considers that she is no longer in a condition to infect others. It is extremely rare that a syphilitic is pronounced cured and receives a white card.

Following are the two sides of the card:

(Front side)

Name.....
 First name.....
 Born at.....
 day of

1920

These visits will take place the and the
 of each month.

When the visit comes on a Sunday or a legal holiday
 it will be deferred until the day following.

Legal holidays: January 1, Mardigras, Holy Friday,
 Easter Monday, Ascension, Pentecost Monday, July
 14th, August 15th, All Saints Day and Christmas.

SPACE
 RESERVED
 FOR
 PHOTOGRAPH

(Reverse side)

Month	1st Week	2d Week	3d Week	4th Week
January
February
March
April
May
June
July
August
September
October
November
December

ORGANIZATION OF MORALS BUREAU FOR THE REPRESSION OF INFRACTION OF THE POLICE REGULATIONS.—An administrative court deals with all infractions of the police regulations which follow:

Bureau of	Prefecture de Police	
Special		Morals
Prophylaxis	Second Division	Bureau

Duties and Prohibitions Imposed on Public Prostitutes.

Public prostitutes must report regularly for examination, at least once in two weeks to the venereal disease dispensary.

They must show their dispensary card whenever requested to do so by members of the police force. They must not solicit on the streets before lighting time and at no season of the year before 7 o'clock in the evening nor after midnight.

They must not attempt to attract attention to themselves, either by conspicuous clothing or manner.

They are expressly forbidden to engage in conversation with minors and with men accompanied by women or children and to solicit insistently or with a loud voice.

They must not stop on the streets, neither must they gather or move in groups nor walk up and down continuously in short sections of the street, nor permit their pimps to accompany or follow them.

They must not solicit near churches, schools, covered street passages on the Boulevards, on the Champs Elysees, nor in railway stations and public parks.

They are forbidden to live in houses where day or boarding schools are maintained.

They are likewise forbidden to share their lodgings with a man friend or another prostitute.

They must never solicit from their windows.

Those who violate the foregoing regulations; those who resist an officer of the law; those who give false names and addresses, will risk punishment in proportion to the gravity of their offense.

The name of a woman may at any time be removed from the active registers of the Bureau and her card be recalled if she so requests and proves that she no longer earns her living by prostitution. The necessary investigation of such cases is always made with the utmost discretion.

Important Notice: The card issued to prostitutes at the time of their inscription in no way constitutes either authorization for or an encouragement to lead a life of debauch; nor should the holder of the card use it as a means of avoiding gainful occupation.

The purpose of the card is to enable the administration to force the known prostitutes to visit regularly the venereal disease dispensary. This visit is required in the interest of the prostitute, as well as that of public health.

Policemen in civilian clothes arrest daily in Paris about 200 women for infraction of these regulations. These women are first taken to the precinct police station and at intervals during the 24 hours are sent in a cellular "Black Maria" to the central police station. After the first two or three arrests, if the card of the arrested prostitute shows that she has regularly attended the venereal disease dispensary, and if the examination of the succeeding day shows she is in a non-infectious condition she is immediately released. A night passed in the precinct and the central police stations is considered as sufficient punishment for these first two or three offenses. If, however, she becomes a persistent "repeater" the administrative court takes further action against her. Of the 200 women arrested daily an average of 20 are sentenced for terms ranging from 2 to 15 days to the infirmary of the prison

of St. Lazare. This sentence is not classed officially as a judgment but as an administrative measure.

Subterfuges to Avoid Identification.—These women rarely have their identification papers with them and those not already known to the Morals Bureau often give false names. They frequently produce identification papers not their own, which they may have found or even stolen. Sometimes these papers are given them by friends and sometimes they secure them as follows:

Having procured certain information, such as the name, place, and date of birth of another person, they write (enclosing 5 francs) for a copy of her birth certificate which, as a rule, is sent them. At times, several birth certificates may be procured and, thus equipped, the prostitute can escape identification for an indefinite period. As long as she is not venereally diseased she escapes being sent to St. Lazare. For instance, a woman under some name is examined, found not to be infected with venereal disease, and on her promise to refrain from soliciting, is released. A short time later she is again arrested; she is interviewed by another member of the staff of the Morals Bureau; gives a second false name, is examined, and pronounced not diseased. This same situation can be repeated several times before the fraud is discovered.

The minors show great aptitude in learning this subterfuge employed by the adult women. Thus, a girl under eighteen years at her first arrest can declare that she is over eighteen and can give a false name and birthplace. If the attending physician pronounces her not infected with venereal disease, she is released. The Bureau may doubt the correctness of her statement regarding her age, but having no proof is forced to release her. However, the same day the Vital Statistics Bureau of her supposed birthplace is requested by letter to confirm her statements. If she is arrested a second time this proof of dishonesty is shown her and usually the girl will then give her correct name and age. If, at the medical examination following her first arrest, she had been

found infected with venereal disease, she would have been sent to the infirmary. Before her release the Bureau would have known that she had given false information concerning her name and age and thus would have treated her as a minor.

THE UNREGISTERED PROSTITUTE.¹—Every unregistered woman arrested for infraction of the police regulations concerning solicitation must undergo an interview which she signs and of which a brief summary is filed. I was permitted to be present at these interviews, and for purposes of study I present three of them exactly as I heard and recorded them word by word.

The first concerns a girl under fifteen years of age, of gentle manners and decently dressed in a black plush coat and small silk hat:

You no longer have your father and mother?—Yes, they are living. But you don't live with them? Why did you leave them?—I can't stay at home, I am not happy there. Aren't your parents good to you?—Yes. But why did you leave them? What motive impelled you to do this?—Oh, I just wanted to leave. Are you working?—No, I have not worked since I left home. Why?—I don't like to work. Have you any children?—No, I have no children. Have you a profession?—Yes, I am a stenographer. Have you a fixed residence?—Yes, I am in a furnished-room house since last Sunday. This is your second arrest, Mademoiselle?—Yes (in very low tones). You live alone?—Yes. Who is this man mentioned in the report of the police?—He is a friend. He obliges you, perhaps, to solicit?—(At this point the clerk passed me a letter which had been found in the girl's handbag, and which seemed to be that of a pimp).—No, not at all. You did not live with him?—No. You did not get along well with your parents?—Yes, but I am unhappy there. Aren't you sorry to have left them?—Yes, in a way I regret having left them. I know I made them unhappy, but I did not want to return to them. (At this moment the clerk passed me a letter from the girl's mother which stated that she had done all in her power for her daughter; that she believed the girl needed to be sent to an institution where she could be disciplined. She insisted that there must be some motive

¹ The French term is *Insoumises* and is applied to those women who are known to be prostitutes, but who are as yet unregistered and thus avoid medical control.

for the girl's actions over which the family had no control, for at home everything possible had been done for her. Just as it seemed that they had succeeded the girl left). Have you seen your friend again?—Not since I left the house. He doesn't know that I ran away. Have you brothers and sisters?—I have a little sister three years old. Do you love her?—Naturally I love her. Now, just tell me why you left your parents. Didn't you, perhaps, want to look for work?—Naturally I wanted work, but I could not find it so I just decided to be a prostitute. What were you doing when you were arrested?—I had just had a client. How much did he pay you?—Oh, just as always. How much do you earn at this profession?—I earn enough to live. Yes, but how much do you need to live?—Fifteen francs a day. Have you a nice room?—Oh, not so bad. You have a nicer one than when you were home?—Oh, it's not the same thing! Oh, at home you have not enough liberty, perhaps? If I have any advice to give you it is that you should return home and lead a good life.—Oh, (laughing mockingly) I ask nothing better. Does your mother work?—No, she just keeps house. And your father?—My father is a painter and earns good money. I suppose he does not beat you?—No—but my character does not harmonize with his!

Another young girl under sixteen, wearing a bright green woolen coat, a violet colored blouse, bedroom slippers of dark blue, with a manner very saucy and provocative is the subject of this second interview.

I see you live in a furnished-room house. Have you any children?—Oh no, the Lord be thanked. How long have you been living in this manner?—Since the 16th of February. Why?—I have no work. Have you looked for it?—I have no papers. Why haven't you the papers?—I never asked for them. You don't want them?—Oh, in my profession one needs no papers; one can always find work without them! Your parents are living?—Yes, but I left them in a fit of anger. I was unhappy there and I did not have enough to eat, and anyway I had warned them that some day I would run away. Your father is working?—Yes, he is a butcher. Have you brothers and sisters?—Yes, I have two brothers and two sisters. You are going to work perhaps, or are you going to keep on living in this way?—Oh, La! La! I don't know. I have just 10 francs. Where and how

were you arrested?—At 2 o'clock in the afternoon going down the street with a friend and a friend of hers. What were you doing?—Nothing. But the friend of your friend?—Well, he's her friend!

The last interview is that of a married woman fifteen years and seven months of age. Her marriage had removed legal prosecution under the police regulations on prostitution. This was her twenty-first arrest for infraction of these regulations in six months. In addition she had, at two different periods during the six months, spent two and a half months in the infirmary.¹

How does it happen that you are here again?—Oh, I was unhappy without seeing you, and then the police never leave me alone. They are always looking for me and they arrest me just as soon as they see me on the street. Perhaps your manner attracts attention! What are you going to do now?—The same old thing. Why don't you look for work?—Oh, that will come later. But you were here only Monday (this was Wednesday). What have you been doing in the meantime?—Oh, the same thing. Why don't you go back to your husband?—Oh, La! La! I don't want to. When were you married?—Last May. How long did you live with your husband?—Forty days, then I left him. I sold the furniture for 2000 francs (anyway it was mine) and I left. What did he do about it?—I don't know. He has seen you since then?—Yes. Did he kiss you?—Oh, La! La! I guess not! But why don't you look for work?—I don't need to look for it. I could find it immediately if I wanted it. Then why don't you want it?—I prefer to live in my present manner. What were you doing yesterday when you were arrested?—Nothing. Where were you doing it?—Oh, always in the same place. I told you the police have something against me. Perhaps you have need of a little discipline?—I had it once, discipline, once is enough! Where?—At C., I got out in order to be married. But you didn't live long with your husband?—No, I told you only forty days. Perhaps you have someone else?—And suppose I have, that's no one's business,

¹ A few days later she came up before the juvenile court on the charge of using obscene language to a policeman. At an early age her parents had sent her to a children's home. They had "arranged" a marriage when she had reached fifteen years of age in order that she might leave the institution.

and anyway Monsieur, why do you bother about writing all this down, the Police Captain says it's absolutely useless! Is that all Monsieur? All right, au revoir. But try not to return here again!—Au revoir, Monsieur, until this evening!

. . . and she went down stairs to line up with those prostitutes, young and old, awaiting their turn for the physical examination. From there she would appear before the Chief of the Bureau for the final disposition of her case.

The Decision.—The two laws which govern the decision of the Morals Bureau in the cases of minors are those of April 11, 1908,¹ and of March 24, 1921.

According to the law of April 11, 1908, a minor who lives with his or her parents is returned to them by the Morals Bureau after the first arrest. A copy of the proceedings is sent to the Parquet.²

If a second arrest for the offense occurs within a year the minor is referred directly to the Parquet. The following are some examples of the practical application of these laws:

Case record of X—October 7, 1920.—“About four months ago I left the home of my parents who lived at Y..... They have left that city and I do not know their present address. For a month now I have been living by prostitution. I was arrested last night just as a client was leaving me.” Examined, not venereally infected, returned to parents. Copy of proceedings transmitted to Parquet. October 31, 1921.—“This is my second arrest. I live in a furnished room. I know that my parents live in X....., but I do not know their exact address. After my first arrest you put me in the custody of my concierge who was to see that I was to return to my parents. A few minutes afterwards she gave me my liberty and since then I have been living as a prostitute.” Examined, not diseased, placed at the disposition of the Parquet. January 1, 1922.—“This is my third arrest. On November 3rd last I was placed at the disposition of the

² There is no equivalent in our court system for the Parquet for the system built on the Napoleonic Code. The Parquet serves as a central clearing house for all cases. It is there that a deputy states attorney decides whether or not the case warrants prosecution, and if so, to which examining judge it is to be sent.

Parquet. After this I was committed to a children's home from which eight days later I escaped. I was arrested last evening just as I was leaving a client." Examined, not diseased. Again placed at the disposition of the Parquet.

The law of March 24, 1921, in its first articles classifies prostitution with vagabondage:

Are considered as vagabonds: Minors under 18 years of age who without legitimate cause have left either the homes of their parents or of their legal guardians or of those persons to whose care they have been entrusted by their parents or legal guardians; Minors who have been found wandering on the streets, or who earn their living by a life of debauch, or from professions prohibited to children.

The cases of minors thus accused of vagabondage are handled in the same manner as are other cases of misdemeanor. The following extract taken from a case record illustrates the various experiences encountered by a young girl and the final application of this law:

January 11, 1921: "My mother is dead and my father lives at M..... About three months ago I left him. I was arrested on the Boulevard X..... I am without work and admit that for the last three weeks I have been living by prostitution." Examined, found to be venereally infected, sent to the infirmary. February 22, 1921: pronounced cured, released to step-mother. July 26, 1921: "I was released February 22, 1921. I then left Paris and went to M....., where I lived by prostitution and where I was arrested several times for this offense." Examined, infected, sent to infirmary. September 6, 1921: pronounced cured, released, referred to the Judicial Police by virtue of the law of March 24, 1921. September 7, 1921: warrant no longer good. Released by Judicial Police. September 18, 1921: again arrested. At first persisted in giving a false name, saying "This is my second arrest," but the day following she gave her correct name, saying "I don't live with my parents, I cannot get along with my step-mother. I live in a furnished room and have no other means of earning my living than by prostitution." Examined, not venereally infected, placed at the disposition of the Parquet.

The following is an incident which is not uncommon and which merits attention:

John Dow, furnished room house keeper Street—reported to the Precinct Captain of Police that a young girl, age 15 years, was lodging in his house; was venereally diseased, and had infected three of his men lodgers.

The Judicial Police were asked to take the necessary measure “to place this girl under supervision in order to arrest her on the public streets under regulamentary conditions.”

Had this minor not infected three of his male lodgers, the keeper of the house would certainly not have denounced her as a prostitute. On the contrary, he would have rejoiced that she brought men to his house. The motive underlying this affair would seem to be inspired by that particularly cynical philosophy “protect the men who wish to indulge their sex passion”—a philosophy which is too often the directing idea in the system of “regulating prostitution.” This philosophy renders difficult prosecution for “corrupting the morals of minors,” or even for the fact clearly proven, as in the above case, that a furnished room house keeper is earning money by “habitually encouraging and facilitating the debauch and corruption of members of either sex under twenty-one years of age.”¹ The police can only act as the agents of society and execute its wishes. It is exceedingly rare that society, awakening for an hour from its torpor, demands the literal application of this law. The police, therefore, continue to exercise in the case of young girls thus referred to them “a close supervision in order to arrest them on the public streets under regulamentary conditions.”

In this connection it is interesting to describe briefly the changes which have occurred in the regulations governing the right of public prostitutes to live in furnished room houses: Article V of the Order of Lieutenant-General of the Police, dated November 6, 1778, forbade “all persons managing

¹ Article 334 of the Penal Code.

hotels or furnished room houses to rent furnished rooms or houses to any persons who could not produce satisfactory identification papers showing their professions, and all women and girls who are prostitutes." The Police order of June 15, 1832, confirmed the above regulation.

Until December 1, 1867, the facts which constituted an infraction of these regulations were treated as misdemeanors and referred as such to the Correctional Courts. At this date a supreme court decision held that the police order of 1778 had been superseded and invalidated by the law of 1790. Since enforcement of the provisions of the law of 1790 was invested in the municipal police, punishment of all infractions of it were governed by Article 471 of the Penal Code, and therefore the police court alone was competent to try them. By analogy the same procedure would logically be followed in all matters relating to cabaret managers which come within the order of 1780.

Article X of the police order of October 25, 1883, stipulated, "that keepers of furnished room houses are forbidden to rent rooms to women leading a life of debauch." Using these laws as authority the police department began prosecution against keepers of furnished room houses who rented rooms to prostitutes. But these managers pointed out—through the hotel syndicate—that often they were ignorant of the conduct of these women when outside of their own establishments. Basing their case on a supreme court decision of July 8, 1897, the lodging house keepers demanded that before arrest it should be proved without a doubt that it was their "habit" to harbor such women.

In response to this plea, M. Lépine, Préfet de Police, judged it wise to clearly indicate under what circumstances the order of October 25, 1883 should be applied. Therefore he sent to all the precinct captains a General Order dated September 5, 1899, that the keepers of lodging houses or hotels could not be prosecuted for renting rooms to women who did not practice prostitution in these rooms. If these women were

found to be practicing prostitution in the houses the keeper would be twice warned before prosecution, which, therefore, would not take place except on the proof of a third infraction of the law. In March, 1904, following a report of Messrs. Mithouard, Quentin, and Turot, on the subject of prostitution and its control, the municipal council voted a resolution as follows:

The Council: Considering the orders of 1778, 1780, and 1783 as being for many years virtually abolished;

Considering also that the Chamber of Deputies on February 9, 1904, voted to formally annul them;

RESOLVE:

That the Senate should: Ratify this action by the Chamber; notify the Préfet de Police to abstain from enforcing the provisions thus annulled.

The Préfet de Police had already sent out an order under date of March 19, 1904, that no further prosecutions should be opened against hotel keepers for the offense of renting rooms to public prostitutes.

In conformity to this order no such prosecutions had been opened although the police order of July 1, 1905, regulating furnished room houses had again forbidden "keepers of furnished room houses to habitually receive women leading a life of debauch."

Further, this was thereafter the only order applicable because the law of July 12, 1905, concerning the functions of the Justices of the Peace had superseded Article V of the police order of November 6, 1778. But, since the suppression of prosecution, a certain number of hotel keepers had been much less careful in the renting of their rooms to prostitutes who now appeared to constitute an important part of their patronage. It was in the effort to remedy this condition that the Préfet de Police considered it necessary to prohibit by an order of May 31, 1907, "keepers of furnished room houses, cabarets, and other people who sold liquor, from habitually

permitting women and girls leading a life of debauch to practice prostitution in their houses."

The hotel syndicate regarded this order simply as a new wording of the royal decree of 1778 which had been annulled by Parliament and they carried the affair to the Council of State. The Council of State rendered a decision on December 17, 1909, which annulled Article II of the police order of May 31, 1907, and which was thus worded:

"All keepers of cabarets, cafés, and other places where liquor is sold are forbidden to harbor habitually public prostitutes, 'pimps,' and people without a regular known profession."

At the same time this high authority considered as legal the first article of the above-named police order in which "all keepers of furnished rooms or furnished room houses are forbidden to rent habitually rooms to women or girls—whether or not they are regular residents of the house—for the purpose of practicing prostitution."

In conformity to this decision the Préfet de Police issued a new order dated February 5, 1910, which is in force at present. Thereafter three conditions were necessary to constitute an infraction of the law:

1. That the women be professional prostitutes.
2. That they shall habitually frequent the establishment concerned.
3. That they shall exercise their profession in this establishment.

In fact the new order is as liberal as possible under the circumstance: It does not permit of insidious discrimination against anyone; it makes no classification of public establishments; and hotel keepers are not the subject of special ruling. On the other hand, it can be clearly recognized that the various changes in these regulations were not altogether inspired by a desire to protect women and girls against a life of vice and debauch.

FUNCTIONING OF THE MORALS BUREAU IN RELATION TO MINORS IN THE YEAR 1921.—During the year 1921, 168 girls under eighteen years of age who were arrested for infraction of the police regulations passed through the Morals Bureau. The total number of arrests in the cases of the 168 girls was 223.

TABLE No. 41.

Number of minors arrested and the number of arrests each.							
Number of times arrested.....	1	2	3	4	7	9	Total
Number of minors under 16 years..	13	1	..	1	..	..	18
Number of minors from 16 to 18 years	113	28	5	2	1	1	150
Total number of minors.....	126	32	5	3	1	1	168
Total number of arrests.....	126	64	15	12	7	9	223

All the reports of the cases with the decisions which followed were sent to the Parquet.

Disposition of Cases.—By virtue of Article 66 of the Penal Code, and after April 1, 1921, by virtue of the law of March 24, 1921, 103 girls were returned to the central police station and placed at the disposition of the Parquet. They later appeared before the juvenile court. The judgments rendered by the court in these cases were as follows:

Released to the custody of their families.....	7
Committed to girls' institutions.....	79
Committed to state penitentiary colonies.....	17

By virtue of the law of April 11, 1908, the Morals Bureau sent 65 girls to the infirmary of the Prison of Saint Lazare. At the same time a copy of their case records was sent to the Parquet. On leaving the infirmary the following dispositions of their cases were made:

Released to the custody of their families.....	56
Sent to girls' institutions.....	9

NOTATIONS—*Misdemeanors.*—The cases of all minors under eighteen years of age arrested for misdemeanor are heard before the juvenile court. The only ones who go directly to

the court without passing through other formalities than those of simple personal identification are those who have committed offenses not punishable by prison sentences. These minors appear in court in response to a direct citation from the prosecuting attorney. All others are sent to the "depot" or central police station where they arrive in one of the three daily trips of the cellular Black Maria¹ . . . The prison quarters of the two sexes are similar. In the women's section, however, twenty Sisters of St. Joseph maintain order and exercise general supervision. The largest number of women arrive at the depot on the 2 P.M. round of the Black Maria. As they enter they are searched by a woman inspector. Those accused of misdemeanor or crime are placed in individual cells.

The adult women arrested for infraction of the regulations of the Morals Bureau are sent directly to one of two rooms which were formerly the stables of St. Joseph. These rooms are extremely large with very high ceilings, and ventilation is provided by enormous windows which open on the Place Dauphine, ancient Garden of St. Louis. Each new arrival is given a mattress which she places on the floor or on one of the wide projecting shelf-like benches which line three sides of the room. Some of these women are elegantly dressed; some are bare headed and in house slippers; while others are wearing the ordinary cheap garments characteristic of the public woman who lives and plies her trade on the exterior boulevards. All remove their outer garments, fold them and lay them by their side. They retain their underclothing which is usually soiled and torn and often in a lamentable condition.

The toilet arrangements are very primitive but sufficient for cleanliness. When the rooms become too noisy a word from the Sister, who is seated at a sort of high pulpit, immediately restores order and calm. All women who declare themselves over 18 pass the night in one of these

¹ *Panier a Salade* (Salad Basket).

rooms. Often enough it is discovered later that there are minors in the group. There are 10 cells which can be procured for a night on the payment of 8 sous. Naturally these cells are in great demand.¹

Immediately after being searched those girls known to be under 18 years of age are sent to individual cells located in a section isolated from the adults. The cells are clean and well lighted by a large window which, however, is kept closed. The furnishings consist of a small table, necessary dishes, small stool, and flush toilet. The girls who are arrested for infraction of the regulations of the Morals Bureau are escorted the following morning to that service for an interview. Some are immediately released. Those infected with venereal disease are sent to the infirmary and still others are returned to their cells to appear within the following 48 hours before an examining magistrate. In the majority of cases this magistrate indicts the girl for vagabondage. Her case is then heard before the juvenile court.

In this connection it is interesting to note the history of E. J.:

In February, 1921, at the tender age of thirteen and a half years E. J. was arrested for soliciting on the boulevards, and was taken to the central police station with all the women arrested for this offense. Examined at the Morals Bureau and found venereally diseased she was sent to the infirmary at St. Lazare, where she remained three weeks. The law of March 24, 1921, was not yet voted and following the usage of the law of April 11th, 1908, E. J. was released to the care of her mother. On August 1st she was again arrested for the same cause. The Morals Bureau placed her in a girls' home from which she escaped the next day. The evening of this same day she was arrested, for the third time, on the charge of soliciting. The Morals Bureau referred her to the Parquet. The examining judge, pending investigation, remanded her to a second girls' home from

¹ The decree of November 11, 1885, Article 68 (establishing the "pistolet"), gives to the accused the right to ask for supplementary bed sheets. It is in reality the sheets which are rented. A cell is then provided where the sheets can be used.

which she immediately escaped. She was sentenced by default at the juvenile court to a penitentiary colony. In December, 1921, she was again arrested for the same offense and this time she gave a false name at the Morals Bureau. Examined and pronounced not venereally diseased, she was immediately released. The following month, January, 1922, she was arrested for the fifth time for street soliciting. When her case came before the court she filed "opposition" to the judgment by default which had sentenced her to the penitentiary colony. The court received her opposition and pronounced a new judgment committing her to a girls' home from which she escaped. In early February following she was again arrested—always for the same offense—and again sent to the central police station. At the Morals Bureau she was found infected with venereal disease and sent to the infirmary. Ten days later she was transferred to Fresnes, the women's prison, which serves also as detention home for all women and girls. On her next appearance in court she was sentenced to a penitentiary colony with the immediate execution of the sentence. All this concerns a girl not yet 15 years of age! Her parents are divorced, the father is remarried and has a net income of 50 francs a day. Neither he nor his second wife will look after the child. The mother is a public prostitute and is slowly dying of tuberculosis.

The Law of April 11, 1908.—The law of April 11, 1908, is a civil law. Its application has provoked many warm discussions and conferences. M. Armand Mosse¹ thus summarizes it:

The law of April 11, 1908, is distinctly a protective law whose object is humanitarian. Its object is really to seek a means of punishing the fact of prostitution by minors without making prostitution as such a misdemeanor. It is applicable to both sexes.²

The law provides penalties for three things: First, prostitution which is committed habitually; second, debauch which contains equally the idea of habit, but not that of gain, and finally the inducing of minors to a life of vice. This last contains a new element not before included in such a law—that of publicity.

¹ Report to the Committee for the Defense of Children Brought Before the Court by A. Mosse, "Study of the application of laws relating to the protection of neglected and abandoned children."

² It has been applied only once to a minor of the masculine sex.

The law is therefore applicable:

1. To minors under 18 years of age who habitually practice prostitution for gain.
2. To minors under 18 years of age who habitually live a life of vice.
3. To those who publicly attempt to influence minors to a life of debauch.

Unlike the minors who commit prostitution for pay, those minors who live a life of debauch are not amenable to this law except at the request of their parents or legal guardians. The prosecuting attorney can take no initiative in prosecuting such minors. As a matter of fact the law has never been applied in these cases.

Those minors who are arrested by virtue of this law appear before the juvenile court sitting in Council Chamber where the presence of the public is forbidden. As such, it is a civil court. They may apply to juveniles brought before them one of the following measures:

- Release her to the custody of her family.
- Commit her to a private institution.
- Commit her to a public institution.

This law is invoked with decreasing frequency since the passing of the law of March 4, 1921. In practice, it is invoked only in the cases of those minors who are prostitutes and who live in the homes of their parents.

During the year 1921, the Council Chamber in Paris heard 42 new cases under the law, and 9 old cases were reviewed. For the 42 new cases the following judgments were pronounced:

- Released to custody of parents—5
- Committed to private institutions—17
- Committed to public institutions—20

New sentences pronounced on the old cases were:

- Dismissed—7
- Transferred to another institution—2

The state has at present only one institution to which the court may commit those girls coming under the jurisdiction of this law; the National House of Moral Reform of the Rue St. Maur at Paris. This is a three story building of which the first floor is given over to the common kitchen and dining rooms and to the living rooms of the superintendent.

The other two floors consist of a large work and classroom; a large room fitted up with lavatories and toilets; rooms for the attendants; and two parallel rows of seven small individual rooms for the girls. These rooms are completely enclosed with a heavy iron grating and locked at night. Their interior, however, does not resemble that of cells. The furniture is simple and consists of a bed—clean, comfortable, and well-appointed—a chair, bed-table, and the inevitable two little shelves seen in all girls' institutions in France. These shelves seem to serve as a sort of personal altar. The walls are decorated by the girls and are usually covered with fashion pictures. The house is so constructed that each bedroom has its own window . . . but . . . which cannot be opened! This, of course, completely prevents decent ventilation.

The occupants of each floor work in a separate group. They mend the house linen, and as the need arises, renew the supply. They also make their uniforms. Some of the girls embroider and some knit. The superintendent said that she had tried and discontinued contract labor. The girls could earn only about 20 or 25 cents a day of which the state took four-fifths. Further, this small compensation was earned by groups of which some individuals were very inept; and others were lazy. The final sum earned was shared with those girls who were detailed to house work. Little was left, therefore, for each girl and it developed into a very marked exploitation.

Immediately on entering the House the girls are physically examined and all have been venereally diseased. Special medical treatment is provided and the girls are subjected to

a rigorous supervision to enforce observance of the physician's orders.

The superintendent finds it useless to attempt outdoor sports in the small badly paved courtyard, the only place available for outdoor recreation.

She has reached the point where she makes no effort to institute constructive reëducational treatment. { Hampered by an inadequate equipment, and by the lack of outdoor recreation, which is fundamentally necessary in any constructive reëducational program, she resorts to an appeal to the elementary instinct of emulation. She maintains a sort of public bulletin board where her report to the court on the individual conduct of each girl is displayed. This, she says, inspires in the girls a desire for better conduct.

They have little enough to inspire them to any effort. The magistrate who accompanied me, and I, were the first visitors to the establishment for a year. It was depressing to note with what joyous interest and pleasure we were received. *Special vagabondage*—Usage classes as “special vagabonds” those minors of both sexes who are prostitutes. This is considered to be the most disreputable and degrading of all vices, especially pediastry among boys. It is certainly the most difficult to uproot from an adolescent boy or girl. This Chapter will not deal with the psychology nor with the physiology of the problem. The difficulties, however, of the reëducation of those who have formed the habit of prostitution, and the ease with which the habit is acquired by other boys and girls cannot be over-estimated.

Perhaps no problem has been the subject of as much discussion in France as has this one. The Committee for the Defense of Children Brought Before the Court, since its creation in 1890, has continually discussed it. Their discussions resulted in the law of April 11, 1908, and just recently, that of March 24, 1921. In accordance with the last named law minors who are prostitutes and who appear before the juvenile court are classed officially as “vagabonds.”

Of the 9 boys (among the 255 cases studied) arrested on the charge of pediastry, 3 were committed to boy's homes. One was there to await his enlistment in the Army; a second for further action; and a third was to be placed with a private family. This last mentioned had only begun this practice and it was hoped that if placed in normal surroundings he would be able to overcome it. The other boys were committed to penitentiary colonies. Their case histories relate the same general facts: Bellboys in restaurants and cafes; errand boys (a profession which seemed to expose them continually to the influence of men of vicious habits): gentle and indolent in manner; feminine in appearance; beautiful and well-kept hair; clothing tight at the waistline; perfumed handkerchief coquettishly tucked into the breast pocket; users of face powder, and some of them known by feminine names.

Of the 75 girls among the 255 minors studied, 32 or 42 per cent were arrested for "special vagabondage," and among the remaining 43, 14 also were prostitutes, a total of over 61 per cent. Twenty-one of the 32 girls had definitely broken home connections; 6 had no family, and 2 were living with their relations.

Certain homes for girls specialize in the treatment of minors who are prostitutes and accept no others. This explains why the court committed to girls' homes 24 or 75 per cent of the girls prosecuted for special vagabondage. One only was returned to her parents. She was a first offender and fortunately had not yet become perverted. She was an only daughter of honest decent parents who promised to keep a close supervision over her conduct.

The general practice of the juvenile court is to thus return a first offender to her parents if they seem at all capable of giving her the necessary supervision. If, on the contrary, they seem incapable of wise direction, the court commits the girl to an institution. Repeaters are inevitably sent to penitentiary colonies.

The procedure followed in the case of M. L. is typical. This young girl had been previously arrested several times, both for vagabondage and stealing, and prosecuted for the latter. Each time she had been released. In January, 1921, at the age of 15 she was prosecuted for "special vagabondage" and the court committed her to a home for girls where she was to present herself within the limited period. The mother, a war widow, was considered an unfit guardian. Although unmarried she lived with a man, and her own brother said of her, "My sister has had numerous lovers. She beats her daughter who is indeed very unhappy." On appeal, the judgment of the juvenile court was sustained. The girl, therefore, should have reported to the institution. This she failed to do, and automatically the institution reported the case to the court which then sentenced her, by default, to a penitentiary colony. She succeeded in evading the order of the court until January, 1922, when she was again arrested for prostitution. She had to answer to the court both for having evaded its last order and for the commitment of a new offense. The humble, modest, and distressed manner of the delinquent before the court gained the sympathy of those present. She made no effort to discuss or deny the charges preferred against her. Her lawyer attempted to persuade the court that the girl's mother had prevented her going to the institution to which it had formerly committed her, but that if the court would again render a similar judgment the girl would surely report to the institution. The representative of this girls' home concurred in this opinion. The court, however, after a long discussion sentenced her to the penitentiary colony. The case was appealed. The Court of Appeals rescinded the judgment of the juvenile court and committed her to the same home for girls. She was taken to a convent and at the door she escaped and is still at large.

This case represents the usual type of difficulty encountered in the enforcement of the Juvenile Court Law.

STEPPING STONES TO AN IMPROVED LAW FOR CHILDREN BORN OUT OF WEDLOCK

BY GEORGE E. WORTHINGTON
American Social Hygiene Association

The purpose of this article is to review briefly the steps which led to the preparation of a draft of a bill in behalf of children born out of wedlock, and its acceptance by the New York State Commission to Examine Laws Relating to Child Welfare.

The present New York laws on this subject are termed "Bastardy Laws," and are found in Title V of the Code of Criminal Procedure and in sections 60-75 of the Poor Law. These laws have remained virtually unchanged for over one hundred years. The Children's Court Act of 1922 removed the jurisdiction of these cases, outside of New York City, from the Magistrates Courts to those Children's Courts which had been established by the Act; but no change was made either in the remedy or the procedure.

The New York Laws are based largely on the old English Poor Law, and provide a remedy only for those mothers and illegitimate babies who are in danger of becoming public charges. Incomplete as the data relating to illegitimates are in this state, there is sufficient information to demonstrate that present remedies provide for a very small proportion of the total number of children born out of wedlock. It is equally certain that there are a large number of illegitimate mothers and children who have no legal way of securing support from the father, who in justice should at least share responsibility equally with the mother.

The illegitimate child starts life with a handicap. Such studies as have been made and the observations of social agencies coming in contact with the unmarried mother indicate that the death rate of children born out of wedlock is

from two to three times as great as that of legitimate babies. There can be little doubt that, if support by its father can be secured for the illegitimate child, it will have a better chance for normal development.

The need for improved legislation in New York on illegitimacy has been recognized for some time. An expression of the interest of social welfare agencies in the subject is found in the recommendations of the Inter City Conference on Illegitimacy held in New York City under the auspices of the Federal Children's Bureau, February 16-17, 1920. It has also been a subject for discussion at several of the state and city Conferences of Charities and Corrections. The recommendations of these bodies have never been crystallized, however, in the form of legislative action.

Early in the summer of 1923, a group representing many of the social agencies of New York City met to discuss the subject of illegitimacy. Out of this group there was formed a committee which included representatives of the State Charities Aid Association; The Church Mission of Help; Protestant, Jewish, and Catholic Big Sisters; State Board of Charities; the New York City Department of Public Welfare; the New York State Commission to Examine Laws Relating to Child Welfare; New York School of Social Work; the Federation of Institutions for Protestant Children; the Westchester Department of Child Welfare; the Westchester County Children's Association; The Bureau of Social Hygiene; the American Social Hygiene Association; the Children's Welfare Federation; and several private individuals.

This group recognized that the reason why the present law is identified with the Poor Law is because it is based on the theory of the protection of the public from the burden of support of a child born out of wedlock, rather than that of the welfare of the child. The group decided at the beginning to adopt a new basis for whatever legislation it should recommend. This basis is the right of the child to support from

its parents. Such a right is recognized by every state in the union except New York and New Jersey which restrict the right to enter suit to the Poor Law official.

Frequent meetings of the group were held throughout the summer and fall of 1923. Reports were received with reference to the workings of the old law, and concrete examples of its inadequacies brought forward. It was found, for instance, that through the placing of such discretion as the power to decide whether there is basis for a complaint in the hands of petty officials (seldom lawyers), there resulted numerous cases in which paternity was never established, and the child was thus denied any right to support by its father; or cases where the overseer of the poor was a friend of the father and made settlements with him, sometimes for as little as fifteen dollars. Thus the child was permanently deprived of any further recourse against the father for support. Such settlements are subject to no court control under the old law.

The inadequacies thus discovered led to suggestions for improvement, and many of these were discussed and considered.

The group decided to rule out all suggestions which, however desirable from an idealistic standpoint, were likely to prove highly controversial, and to recommend to the State Commission to Examine Laws Relating to Child Welfare only such changes as seemed possible of enactment by the legislature in view of the present state of public opinion on the subject. After all the suggestions had been voted upon by the group as a whole, a sub-committee, with the writer as chairman, was appointed to translate the recommendations adopted into concrete form, so that they might be presented to the Commission.

After considerable thought and study, the sub-committee decided, as the most practical plan, to draft these suggestions in the form of a proposed bill. It was found that, to

put the suggested changes into effect, it would be necessary either to rewrite Title V of the Code of Criminal Procedure or to create a new chapter in the Domestic Relations Law. The former would create a quasi-criminal procedure and the latter would constitute a quasi-civil procedure. It was decided to draft two bills so that the Commission might have both methods of accomplishing the changes recommended, as alternatives. In drafting these proposed bills, the uniform act relating to children born out of wedlock was used as a guide, and suggestions were also adopted from the laws of Pennsylvania and Minnesota.

When the two alternative drafts were completed, they were resubmitted to the group as a whole, and, after being considered section by section, were unanimously adopted.

A hearing before a sub-committee of the Commission to Examine Laws Relating to Child Welfare was held in December, 1923, at which the alternative drafts of the group were presented and a statement made of the reasons why these changes in the present law were thought necessary.

After both drafts had been carefully considered by the Assistant Attorney General, who is a member of the Commission, at a conference with the Executive Secretary of the Commission, and Professor Henry W. Thurston, Miss Elsie M. Bond, and the writer, the Assistant Attorney General decided that he would recommend that the Commission adopt as its bill the draft which provides for a new chapter in the Domestic Relations Law.

The draft thus finally adopted is believed to be an advance over the present illegitimacy laws of most of the states; and, inasmuch as it is the outgrowth of the practical experience and recommendations of groups closely identified with the problem of the unmarried mother and her child, it may prove of value as a guide to similar legislation in other states. The draft is therefore published herewith.

AN ACT TO AMEND THE DOMESTIC RELATIONS LAW, IN RELATION TO
THE MAINTENANCE AND SUPPORT OF CHILDREN BORN OUT OF
WEDLOCK.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Chapter nineteen of the laws of nineteen hundred and nine entitled "An act relating to the domestic relations, constituting chapter fourteen of the consolidated laws," is hereby amended by adding a new article, to be article nine, to read as follows:

ARTICLE IX

Maintenance and Support of Children Born Out of Wedlock, and
Proceedings to Establish Paternity

140. Definitions.—1. A child born out of wedlock is a child begotten and born:

- a. Out of lawful matrimony;
- b. While the husband of its mother was separate from her for a whole year previous to its birth; or
- c. During the separation of its mother from her husband pursuant to a judgment of a competent court.

2. When the word "child" is used in this article it shall refer to a child born out of wedlock.

3. When the word "mother" is used it shall refer to the mother of a child born out of wedlock.

141. Obligation of parents; liability for support.—1. The parents of a child born out of wedlock and not legitimated, are liable for the necessary education and support of the child. They are also liable for the child's funeral expenses. The father is also liable to pay the expenses of the mother's confinement and recovery, and is also liable to pay such expenses in connection with her pregnancy, as the court in its discretion may deem proper.

In case of the neglect or inability of the parents to provide for the support of the child, it shall be supported by the county, city, or town chargeable therewith, under the provisions of the Poor Law.

2. The obligation of the father shall be discharged by compliance with a judicial decree for support or with the terms of a judicially approved settlement. The legal adoption of a child into another

family discharges the obligation for the period subsequent to the adoption.

3. The obligation of the father, where his paternity has been judicially established in his lifetime, or has been acknowledged by him in writing, signed in the presence of two witnesses and the execution of which has been acknowledged by him in addition before an officer authorized to take acknowledgments, shall be enforceable against his estate in such an amount as the court may determine, having regard to the age of the child, the ability of the mother to support it, the amount of property left by the father, the number, age and financial condition of the lawful issue, if any, and the rights of the widow, if any. The courts may direct the discharge of the obligation by periodical payments or by the payment of a lump sum.

142. Proceeding to enforce obligation of the father.—1. A proceeding to compel the support by the father may be brought in accordance with this article. It shall not be exclusive of other proceedings that may be available on principles of law or equity.

2. A proceeding to compel support may be brought by the mother, or her personal representative, or, if the child is, or is likely to become a public charge on a county, city, or town, by a superintendent of the poor of the county, or an overseer of the poor of the city or town where the mother resides, or the child is found. Complaints may be made in the county where the mother or child resides or is found or in the county where the putative father resides or is found. The fact that the child was born out of the State of New York shall not be a bar to entering a complaint against the putative father in any county where he resides or is found. After the death of the mother or in case of her disability, it may also be brought by the child acting through a guardian or next friend. If the proceeding is brought by the public authorities above named, the mother, if living, shall be made a party defendant.

3. The proceeding may be instituted during the pregnancy of the mother or after the birth of the child, but, except with the consent of the person charged with being the father, the trial shall not be had until after the birth of the child.

4. The complaint shall be made to the children's court in the counties where such courts have been established under chapter five hundred and forty-seven of the laws of nineteen hundred and twenty-two; to the county court in the counties of Monroe, Chautauqua,

Ontario, and Erie; to the court already having jurisdiction in bastardy cases in the cities of New York, Buffalo, Rochester, and Syracuse.

5. The complaint shall be in writing, or oral, and in the presence of the complainant, reduced to writing by the judge or the clerk of the court. It shall be verified by oath or affirmation of complainant.

6. The complainant shall charge the person named as defendant with being the father of the child and demand that he be brought before the judge to answer the charge.

7. The court shall issue a warrant for the apprehension of the defendant, directed to any officer in the state authorized to execute warrants, commanding him without delay to apprehend the alleged father and bring him before the court, for the purpose of having an adjudication as to the filiation of the child, and such warrants may be executed in any part of the state. A summons may be issued in the discretion of the court in the first instance as in civil cases, instead of a warrant, which summons shall be personally served.

143. Where defendant is arrested in another county.—1. When the defendant is arrested in another county he shall be taken before a magistrate of the county who shall take from the defendant an undertaking in an amount not less than five hundred dollars with surety in the form of a commercial surety bond or cash or liberty bond collateral to the effect:

a. That, if the suit is instituted by the public authorities as provided in section one hundred and forty-two, paragraph two, the defendant will indemnify the county and town or city where the child was, or is likely to be, born and every other county, town or city against any expenses for the support of the child or of its mother during her confinement and recovery, and that he will pay any order of filiation that may be made or that the sureties will pay the sum indorsed on the warrant; or

b. That he will appear and answer the charge at the court which issued the warrant and obey its order thereon.

2. If a summons has been issued the defendant shall be required to appear in the court where the complaint has been made.

144. Where undertaking is given.—When either of the undertakings mentioned in the last section is given, the magistrate shall discharge the defendant, and shall indorse a certificate of the discharge upon the warrant. He shall also deliver the warrant together with

the undertaking, cash or liberty bond collateral to the officer, who shall return it to the judge granting the warrant, by whom the same proceedings shall be had, as if he had taken the undertaking.

145. Where undertaking is not given.—If the defendant does not give security, as provided in section one hundred and forty-three, the officer shall take him before the judge who issued the warrant.

146. Adjournment of trial.—If the child is not born at the time set for trial, the case shall, unless the defendant consents to trial, be adjourned until the child is born, and the defendant shall remain bound or shall be held in jail until the trial.

147. Effect of death or absence or insanity of mother.—If after the complaint the mother dies or becomes insane or cannot be found within the state, the proceeding does not abate, but the child shall be substituted as complainant. The testimony of the mother on oath when the complaint was made and her deposition taken as in a civil case, when she was competent to testify, may in any such case be read in evidence and in all cases shall be read in evidence if demanded by the defendant.

148. Preliminary hearing.—1. Upon the return of the warrant, or upon the return of the summons showing service on the defendant, the judge before whom the complaint was made, or any other judge sitting for him, shall proceed to examine the complainant and any other witnesses, and receive any other evidence that may be produced touching the charge, unless the defendant shall admit the truth of the charge in which case the court shall proceed to hear such evidence as may be necessary and to enter judgment against the defendant declaring paternity and for the support of the child. At any such preliminary hearing the court shall exclude the general public from the room wherein such trial or hearing is had, admitting only persons directly interested in the case, including officers of the court and witnesses. The defendant shall have the right to be present at the examination and to controvert such charge, if he so desires.

2. If the examination fails to show probable cause, the defendant shall be discharged without prejudice to further proceedings. If the examination shows probable cause, the court shall bind the defendant in bond or recognizance, with sufficient security to appear at the trial. On neglect or refusal to furnish such security, he shall commit the defendant to jail, to be held to answer the complaint. The war-

rant, the examination reduced to writing, and the security shall be returned to the court in which the case is to be tried.

149. Trial.—The trial shall be by the court without a jury. Both the mother and the alleged father shall be competent but not compellable to give evidence, and if either gives evidence, he or she shall be subject to cross-examination.

2. If the defendant fails to appear, the security for his appearance shall be forfeited and shall be applied on account of the payment of the judgment, but the trial shall proceed as if he were present; and the court shall upon the finding of the judge make such orders as if the defendant were in court.

3. In case of the death of the defendant, after the preliminary hearing, the action may be prosecuted against the personal representative of the deceased with like effect as if he were living, subject as regards the measure of support to the provision of section one hundred and forty-one, paragraph three, except that no arrest of such personal representative shall take place or bond be required of him.

4. If the finding of the court at the trial be in favor of the defendant and there be a motion for a new trial, he may be held until such motion be disposed of; and if a new trial is granted the same course shall be pursued as in the case of an adjournment.

150. Judgment.—1. If the finding be against the defendant, the court shall give judgment against him, declaring paternity and for support of the child.

2. The judgment shall be for annual amounts, equal or varying, having regard to the obligation of the father under paragraph one of section one hundred and forty-one, as the court directs, until the child reaches the age of sixteen years. In addition to providing for support, the judgment may also provide for the payment of the necessary expenses incurred by or for the mother in connection with her pregnancy and the birth of the child, and with the support of the child prior to the commencement of the trial; or for the funeral expenses, if the child has died.

151. Payment to trustee.—The court may require the payment to be made to the mother, or to some person or corporation to be designated by the court as trustee. The payments shall be directed to be made to a trustee if the mother does not reside within the jurisdiction of the court. The trustee shall report to the court annually, or oftener as directed by the court, the amounts received and paid over.

152. Security; commitment; probation.—1. The court may require the father to give security by bond with sureties, for the payment of the judgment. In case the action has been instituted by the county superintendent of the poor or the overseer of the poor the defendant shall be required to indemnify the county, city, or town where the child was or may be born, as the case may be, and every other county, city or town which may have been or may be put to expense for the support of the child or of its mother during her confinement and recovery, or that the sureties will do so.

In default of such security, when required, the court may commit him to jail, or put him on probation as provided in section one hundred and fifty-nine. After one year he may be discharged from jail, in accordance with the law relating to the discharge of insolvent debtors, but his liability to pay the judgment shall not be thereby affected.

2. Where security is given and default is made in any payment the court shall cite the parties bound by the security requiring them to show cause why judgment should not be given against them and execution issued thereon. If the amount due and unpaid shall not be paid before the return day of the citation, and no cause be shown to the contrary, judgment shall be rendered against those served with the citation for the amount due and unpaid, together with costs, and execution shall issue therefor, saving all remedies upon the bond for future default. The judgment is a lien on real estate and in other respects enforceable the same as other judgments.

The amount collected on such judgment or such sums as may have been deposited as collateral, in lieu of bond when forfeited, may be used for the benefit of the mother or child, as provided for in the judgment against the father.

153. Contempt process.—The court also has power, on default as aforesaid, to adjudge the father in contempt and to order him committed to jail in the same manner and with the same powers as in case of commitment for default in giving security. The commitment of the father shall not operate to stay execution upon the judgment of the bond.

154. Agreement or compromise.—An agreement or compromise made by the mother or child or by some authorized person on their behalf with the father concerning the support of the child shall be binding upon the mother and child only when the court having

jurisdiction to compel support of the child shall have determined that adequate provision is fully secured by payment or otherwise and has approved said agreement or compromise.

The performance of the agreement or compromise, when so approved, shall bar other remedies of the mother or child for the support of the child. The provisions of this section shall not limit the powers of the Commissioner of Public Welfare of the city of New York to make an agreement or compromise.

155. Continuing jurisdiction.—The court shall have continuing jurisdiction over proceedings brought to compel support and to increase or decrease the amount thereof, until the judgment of the court has been completely satisfied, and also shall have continuing jurisdiction to determine custody in accordance with the interests of the child.

156. Support by mother.—1. If a mother of a child born out of wedlock be possessed of property in her own right and shall fail to support her child, the court having jurisdiction, on the application of the guardian or next friend of the child or, if the child shall be chargeable or likely to become chargeable, of the officers mentioned in section one hundred and forty-two, may examine into the matter and after a hearing may make an order charging the mother with the payment of money weekly or otherwise for the support of the child.

2. The court may require the mother to give security, by bond with sureties, for the payment of the judgment. In default of such security, when required, the court may commit her to jail, or put her on probation as provided in section one hundred and fifty-nine. After one year she may be discharged from jail in accordance with the laws relating to the discharge of insolvent debtors, but her liability to pay the judgment shall not be thereby affected.

157. Failure to support.—When paternity has been judicially established or has been acknowledged in writing or by past performance of the obligation, the failure of the father, without lawful excuse, to support the child where the same is not in his custody is a misdemeanor, punishable by fine not exceeding one thousand dollars, or by imprisonment for not exceeding one year, or by both such fine and imprisonment.

The failure of the parent to support the child where the same is in his or her custody, shall be governed by section four hundred and

eighty-one of the penal code, and section nine hundred and twenty-two of the criminal code, relating to the support of children.

158. False declaration of identity.—The making of a false declaration as to the identity of the father, or the aiding or abetting therein, is a misdemeanor, punishable by fine not exceeding one thousand dollars, or by imprisonment, not exceeding one year, or by both such fine and imprisonment.

159. Probation.—Upon a failure to give security as provided in section one hundred and fifty-two or section one hundred and fifty-six, or upon a prosecution under the provisions of section one hundred and fifty-seven, the court, instead of imposing sentence or of committing the father or mother to jail, or as a condition of his or her release from jail, may commit him or her to the custody of a probation officer, upon such terms as to payment of support to or on behalf of the mother or child, and as to personal reports, as the court may direct. Upon violation of the terms imposed, the court may proceed to impose the sentence and commit or recommit to jail in accordance with the sentence.

160. Concurrence and limitation of remedies.—1. A criminal prosecution in accordance with the provisions of section one hundred and fifty-seven, shall not be a bar to, or be barred by civil proceedings to compel support; but the money paid toward the support of a child under the provisions of section one hundred and fifty-nine shall be allowed for and credited in determining or enforcing any civil liability.

2. Proceedings to establish the paternity of the child shall not be brought after the lapse of more than two years from the birth of the child, unless paternity has been acknowledged by the father in writing or by the furnishing of support.

161. Jurisdiction.—Jurisdiction over proceedings to compel support is vested, in the courts enumerated in section one hundred and forty-two, paragraph four. It is not a bar to the jurisdiction of the court that the complaining mother or child resides in another county or state.

162. Judgment of other states.—The judgment of the court of another state rendered in proceedings to compel support of a child born out of wedlock and directing payment either of a fixed sum or of sums payable from time to time, may be sued upon in this state and be made a domestic judgment so far as not inconsistent with the

laws of this state, and the same remedies may thereupon be had upon such judgment as if it had been recovered originally in this state.

163. Appeals.—An appeal in all cases may be taken from any final order or judgment of any court having jurisdiction of filiation proceedings, as provided for in this article, to the appellate division of the supreme court of the respective department within thirty days after the entry of said order or judgment. If any such appeal shall be taken by a guardian ad litem, appointed for the child by the court, the court may in its discretion grant an order to audit and may allow payment, for the actual disbursements made by the said guardian ad litem for printing the papers necessary for taking the appeal. In appeals in cases of filiation, a printed case on appeal or a printed brief shall not be required. When allowed by the judge and duly audited, said disbursements shall become a county charge and shall be paid by the county.

164. Duty of district attorney to prosecute.—It shall be the duty of the district attorney of the county in which the complaint is made to prosecute either in person or by an assistant all cases relating to children born out of wedlock where the complainant is not represented by counsel.

165. General provisions.—In all records, certificates or other papers hereafter made or executed, other than birth records and certificates or records of judicial proceedings in which the question of birth out of wedlock is at issue, requiring a declaration by or notice to the mother of a child born out of wedlock or otherwise requiring a reference to the relation of a mother to such a child, it shall be sufficient for all purposes to refer to the mother as the parent having the sole custody of the child, and no explicit reference shall be made to illegitimacy, and the term "natural" shall be deemed equivalent to the term "illegitimate," when referring to parentage or birth out of wedlock.

166. Construction.—All provisions of the penal law or of the code of criminal procedure or other statutes inconsistent with or repugnant to any other provisions of this article shall be considered inapplicable to the cases arising under this article. Chapter four hundred and forty-two of the laws of eighteen hundred and eighty-one is hereby repealed.

Section 2. This act shall take effect immediately.

EDITORIAL

THE COMMUNITY SURVEY

Emergencies occasionally justify hasty action. "Damn the torpedoes! Go ahead," is a famous example of this defensible impetuosity but it usually is a safer and more efficient policy to locate and avoid or remove such hazards when possible.

In community-welfare efforts the careful leaders will endeavor to chart all shoals and obstructions while, at the same time, marking out the safe channels in which to navigate the crafts of the various social agencies. It is to facilitate this very safeguarding process that studies and surveys of local conditions are coming into more extensive use yearly.

The unthinking citizen upon seeing a headline in his local newspaper, "Vice Rampant in City," will often make some cynical or contemptuous reference to "graft in the police department," turn to the sporting pages and forget about it. If the editor comments on the lack of recreational facilities or on the large amount of juvenile delinquency in the community, this same citizen usually will adopt one of two courses. He will either accuse the editor of maligning the city or he will wonder why some figurative "they" don't do something about it.

Representative and thoughtful community leaders, however, will want to learn the truth or falsity of these charges, and how to deal with existing conditions. An under-cover investigation by impartial and experienced investigators will soon reveal the extent and ramifications of commercialized prostitution. Similarly, studies of courts dealing with cases which involve sex delinquency, of amusement resorts, both commercial and non-commercial, of agencies dealing with delinquents, and of the policewomen and other protective social measures in the community, will result in reports and recommendations which will guide that community in its

future course of action on these problems. The venereal-disease treatment facilities likewise may require study in order that it may be ascertained whether or not they are adequate and efficient.

Guess work in social hygiene, as in other public health movements, can largely be eliminated by scientific diagnosis of community ills and the adoption and putting into effect of the resulting prescriptions. Many cities throughout the country already have had studies made of some, or all, of their social-hygiene problems. This course is recommended for the consideration of other communities wishing to administer their social-work efforts intelligently.

A PROGRAM OF VOCATIONAL TRAINING FOR DIRECTORS OF POLICEWOMEN UNITS

The New York School of Social Work announces a program of instruction and field work intended to prepare properly qualified women to direct the work of policewomen units.

Protective work, especially for women and girls, is coming to be recognized as a necessary part of the function of the police departments of cities and this function is, to an increasing extent, being committed to women invested with police authority and organized as a separate bureau in the police department. Cities are, with increasing frequency, seeking women properly equipped to organize and direct this work. To meet this growing need a comprehensive course of instruction has been organized which aims, in addition to the general equipment for protective and other social work with the delinquent classes, to furnish special information and training with respect to the organization and function of the police, the place of the policewoman in this organization, and the field and technique of her work. Such special or vocational courses, outlined below, will be given in the Spring Quarter, March 24th to June 14th, 1924.

GENERAL COURSES

FAMILY CASE WORK

S.C.W. 1. The Method of Social Case Work, 2 points.

Section A. Fall, Winter, and Summer.

Section B. Fall, Winter, and Spring.

Miss Leal and Miss Hamilton

Social Case Workers must equip themselves to understand and to participate in helpful human relationships. This course builds up, through discussion of case records, the philosophy of that understanding and the methods and procedure of that participation.

S.C.W. 101. Seminar in Social Case Work, 2 points.

Fall and Spring Quarters.

Mr. Lee

A study of the art of social case work based upon narratives which show how the results in particular situations were secured.

Open to matriculated students registered in one of the vocational courses in the Department of Social Case Work. Other matriculated students who have had substantial experience in social case work will be admitted by permission of the instructor.

S.C.W. 102. Seminar in Social Case Work, 2 points.

Winter Quarter.

Mr. Lee

Discussion of the skill of the social case worker as the effective combination of the philosophy, knowledge, and technique of his field. Open to students who have had S.C.W. 101.

PUBLIC HEALTH**S.C.W. 48. Public Health, 3 points.**

Fall and Spring Quarters.

Mr. Davis

Functions and problems of public health organizations, official and unofficial; leading principles of public health administration; vital statistics; voluntary health agencies; selected public health problems.

MENTAL HYGIENE**S.C.W. 61. The Nature and Varieties of Human Behavior, 2 points.**

Fall and Spring Quarters.

Dr. Glueck

A lecture course designed to make the student acquainted with the biological and psychological foundations upon which the practice of modern psychiatry rests. A general description of the types of behavior met with in health and disease.

S.C.W. 62. Psychopathology, 2 points.

Spring and Summer Quarters.

Dr. Glueck

A lecture course designed to acquaint the student with the various abnormalities in the functioning of the mind. The fundamentals of the psychoanalytic school of psychology are fully discussed and their bearing upon the understanding of everyday human relationships is particularly stressed.

S.C.W. 161. The Technique of Psychiatry and Mental Hygiene, 2 points.

Fall and Summer Quarters. (Prerequisite S.C.W. 61 and 62.)

Dr. Glueck

A lecture and practice course designed to familiarize advanced students with the methods employed in the study and treatment of personality and behavior disorders met with in this field. The student is also made acquainted with the technique of mental hygiene surveys.

DEPARTMENT OF CRIMINOLOGY**Crim. 1. Crime and Punishment, 3 points.**

Fall Quarter.

Mr. Kirchwey

A study is made of the theories or concepts as to the nature of the criminal and of moral responsibility under the influence of which the criminal law and its administration have developed. The gradual amelioration of the penal law

during the last century is traced, with the influences that have operated to effect such amelioration. Finally, an attempt is made, on the basis of recent scientific study of the criminal, to forecast the probable development of penology in the near future. While this course is mainly confined to lectures, considerable reading is required, which is made the basis of critical discussion in the class.

Crim. 2. Criminal Psychology, 2 points.

Winter Quarter.

Mr. Kirchwey

A case study of the individual criminal based on principles of heredity, habit formation, and the organization of native and acquired tendencies into character; and leading to a consideration of the environmental conditions which favor criminality and to the development of criminal types. A discussion course.

Crim. 3. Descriptive Penology, 3 points.

Spring Quarter.

Mr. Kirchwey

After a brief survey of the legal process of bringing an offender to judgment, from his apprehension to his conviction, the methods employed for disposing of him are more intensively studied. This comprehends a study of the laws and practice relating, (a) to the suspended sentence with probation, and (b) to sentence, to execution, or to a fixed or an indeterminate period of imprisonment, with the parole system. Various types of penal and correctional institutions to which different classes of offenders may be committed are disciplinary features, including such modern developments as the honor system and self-government.

In general, an attempt is made to determine how far the penal system as now administered attains its ends and to indicate the modifications which it is undergoing.

Crim. 4. Criminal Law and Procedure, 2 points.

Summer Quarter.

Mr. Kirchwey

A study of the principles and more important rules of the typical American criminal code, with an outline of the doctrine and practice of criminal procedure. An attempt will also be made to forecast the future development of the criminal law.

In the main, the work in this course will be based on the discussion of legal cases.

SPECIAL VOCATIONAL COURSES

Spring Quarter March 24 to June 14, 1924

POLICE SYSTEMS

Their organization, administration, and special services; twelve lectures; Mondays, 4:00 P.M.

Mr. Bascom Johnson, Director of Department of Legal Measures of The American Social Hygiene Association, in charge. Special lecturers.

1. *The Purpose and Function of the Police:*

Definition of police. Common purpose of all police bodies. Varying tasks—depending on size of city; economic conditions; character of industries; racial characteristics, habits, and customs of population. Power of police—extent and limitations. The common problem of all American police systems.

2. *The European and American Police Problems and Systems Contrasted:*

Differences in population homogeneity, and the effect of this difference on comparative crime rates. Differences in coöperation by prosecutors and courts with police. The effect on police of differences in court procedure, judicial personnel, public attitude, and types of laws to be enforced. European versus American organization and control of police departments. American progress and improvement.

3. *The Relation of the Police to Other Official Agencies:*

a. Courts—A check on police zeal or oppression; a blight on police efficiency if uncoöperative; true relation.

b. Prosecuting Attorneys—Mutual dependence; importance of team work.

c. License Commissioners—Generally dependent on police information.

d. Health Departments—Deputizing of state and other police as health inspectors; social-hygiene complications; true relations.

4. *The Organization of the Police Department:*

The uniform type of American organization. Variations. Two main branches—uniform forces; detective bureau. Precinct or district system. Morals or vice squads. Supervision; adjustment; adaptability. The existing status of women police in department organization.

5. *Crimes and Offenses Affecting Women and Children Defined, and Criminal Methods Explained:*

Rape. Abortion. Seduction. The production of indecent literature, shows, and motion pictures. The activities of proprietors of dance halls, road houses, cabarets, etc.

6. *Prostitution and the Traffic in Women and Children:*

The systems of toleration, regulation, and suppression. The relation of the police to each. The segregated district. Clandestine prostitution. Interstate traffic. International traffic. The municipal, state, and national laws; international treaties. The exclusion and deportation of immoral aliens.

7. *Evidence:*

As distinguished from hearsay. The importance of corroboration. The burden of proof in criminal cases. Entrapment. Raids, searches, and seizure, with and without warrants.

8. *Police Activities Against Crime:*

Complaints. Investigation. Witnesses. Arrests. Bail. Trial.

9. *Reports and Records:*

The police blotter. Miscellaneous records. Tabular records. Statistics. Central office records. Patrolmen's notebooks. Chain of responsibility.

10. *Identification and Location of Criminals and Missing Persons:*

Municipal, state, and national finger print bureau. The Bertillon system. The morning review. Detective methods.

11. *The Prevention of Crime:*

Conventional police methods. The breeding places of crime. Special conditions making for crime—convicts, poverty, mental deficiency, drink, drugs. Juvenile delinquency.

12. *The Relation of the Police to Unofficial Agencies,*

such as: Volunteer Defenders Associations, Associated Charities, Social Hygiene Associations, Travelers Aid Associations, Playground Associations, Probation Associations, Settlements, Big Brothers and Sisters.

POLICEWOMEN

History of the development of the movement; its present status in the United States; functions and problems of policewomen; requirements for their appointment. Twelve lectures, Saturdays 10:00 A.M.

Valeria H. Parker, M.D., Director of Department of Protective Measures of The American Social Hygiene Association, in charge. Special lecturers.

1. *History of the Policewoman Movement:*

Traces the origin and development of the policewoman movement; its relation to the general social and feminist movement; the fields of service covered; its present status in Europe; and the number of cities in the United States in which police departments employ women. The forms of organization of policewomen's work: Centralization in a woman's bureau, and decentralization through the regular police divisions. Conditions which give rise to the need for policewomen and the qualifications which should be required of persons entering this branch of social service.

2. *Functions of Policewomen:*

Functions of policewomen, actual and ideal; relation to public and private social agencies; general details of duties and obligations; relation to problems of health and commercialized amusement; hours of work and salary.

3. *Demonstration Survey Indicating the Need of Policewomen, Specific Fields of Service and Coöperation Agencies:*

How to make a neighborhood survey. Actual conditions to be noted: Housing; streets; parks; nationality; occupation, age groupings and character of population; number and character of places of public amusement; schools; churches; playgrounds; clubs; courts; private social agencies. Reaction of the physical environment on home, recreational, religious, and educational life of the people; the particular fields in which the policewoman can bring her constructive and preventive aid and the social, public, and private agencies which should be her allies.

4. *Standards of Institutional Care for Girls and Women:*

Variations in functions of public and private institutions. Their program of training; medical care, work, recreation, and parole. Coöperation with other social agencies, private and public, including courts, boards of education and of health. The Boston Plan. Standards formulated by special committee of National Probation Association. Relation of policewomen to the institution, to the inmates, and to their families.

5. *The Migrant:*

Motives of migration: Those obvious and capable of analysis; others obscure and isolated only with scientific study. Variation of motives: The unadjusted girl; delinquents, both adult and juvenile; the defective, mentally, physically, and economically. Problems: Individual and inter-city. Treatment: Involves trained personnel; community and inter-community coöperation.

6. *Protective and Preventive Methods:*

Demarcation of the field of work of the protective and preventive agencies. With what type and age of girl are they specifically concerned; methods of investigation and treatment.

7. *The Prostitute:*

This lecture is based on a study of 15,000 women and girl prostitutes made by the Interdepartmental Social Hygiene Board and will cover such subjects as: Conditions making for prostitution; who are the prostitutes; where do they come from; why they are prostitutes. Summary of obvious measures for the prevention of prostitution.

8. *Office, Routine, Patrol Duty, and Arrest by Policewomen:*

In the office routine, special members of staff for stenographic, telephone, and filing services; complaint reception desk; recording of day's work. Police patrol performed by women; method and object of patrol; day and night duty. Need of police powers by policewomen; how and when to use them.

9. *Preparation of Cases for Trial:*

Particular emphasis upon the necessity of rigid preparation of cases; through investigation; written, signed statement of definite complaints to avoid waste of time by staff and court; knowledge of law applying to each case and of what constitutes legal evidence. Manner of preparing and presenting case in court.

10. *The Immigrant and the Policewoman:*

The immigrant woman as a special problem for policewomen—types, education, customs, and characteristics of immigrant women; need of protection on first arrival; extent of protection afforded by the Federal Government; value of policewomen in adjustment of immigrant to new living conditions.

11. *The Runaway Girl:*

Who is she? From what localities and social classes does she come? What is she seeking; the particular problem which confronts the policewoman in relation to her; methods of treatment, manner of their application, and the social agencies involved in effecting her adjustment.

12. *Health Problem:* Particular emphasis on communicable diseases in their police aspects.

General public health menaces; special public health problems. Review of the nature, prevalence, and modes of transmission of the venereal diseases; sex delinquency as a factor in their dissemination. The value and limitations of clinical and of laboratory tests; possibilities and conditions governing cure of venereal diseases. Quarantine in relation to venereal diseases or limitation of their periods of infectivity. Sources of information available to the health department regarding foci of infection and infected individuals; necessity for equal treatment of both sexes by health authorities in the administration of health regulations relating to venereal diseases.

FIELD WORK

Miss Chloe Owings, American Social Hygiene Association, supervisor.

For those students enrolled in the school opportunity will be afforded for special field work—at least two full days each week—in the courts, in special night study of public amusements, detective work, and, through the courtesy of Commissioner Enright, in the New York City Department of Police. Students will be required to submit written reports on the field work for discussion and criticism.

Students—The vocational courses, above outlined, are primarily intended for the enrolled students in the School of Social Work, regular or special, and only such students will receive credit in the School. A limited number of visitors can be admitted. Since the seating capacity of available rooms is limited and regular students of the School will have first claim on places, it is advisable that application for visitors' cards be made at the earliest possible time.

Prospective students should apply to the New York School of Social Work for complete information regarding courses, fees, etc. Through the coöperation of the Social Hygiene Association a small number of scholarships are available, to those students electing as their vocational work the course for policewomen executives.

Prospective visitors are requested to send information concerning their education and professional experience. They should also state what lectures or field work they desire to follow.

Special lecturers will include Richard E. Enright, Commissioner; John A. Faurot, Third Deputy Commissioner; Thomas M. Fay, Deputy Inspector; and John H. Ayers, Acting Captain—all of the New York Police Department; Miss Henrietta Additon, Lecturer at Bryn Mawr College; Miss Kate Holladay Claghorn, Instructor in the New York School of Social Work; Mrs. Martha P. Falconer, American Social Hygiene Association; Miss Maude Miner, Girls Service League of America; Miss Virginia Murray, New York Travelers' Aid Society; Mr. T. N. Pfeiffer, member of the New York Bar Association; Mrs. Mina C. Van Winkle, Director of the Washington Policewomen's Bureau; Mr. George E. Worthington, American Social Hygiene Association.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	185
Book Reviews	188
Briefer Comment, and Publications Received.....	191
Social-Hygiene Bibliography	192

The First Pan-American Red Cross Conference.—A feature in the development of the program of the General League of Red Cross Societies has been the holding of a number of regional conferences to consider questions more local and specialized than can be taken up at the general international conferences. Among the first of these was the meeting of all the Oriental Red Cross Societies in Bangkok in December, 1922, and the meeting of the Eastern European Red Cross Societies in Warsaw in April, 1923.

These were followed in December, 1923, by the holding of the first Pan-American Red Cross Conference in Buenos Aires at which representatives from seventeen of the national Red Cross Societies which operate on the American continent were present. So helpful was this conference that a resolution was passed calling for the convocation at regular intervals of new Pan-American conferences, the next one to be held in Washington in 1926.

Among the resolutions passed regarding the rôle of the Red Cross in popular health instruction and in public health campaigns were the following:

“To recommend national Red Cross Societies to draw up a program of health education which, while taking local needs into consideration should instruct the people in the following subjects: Premature death and its causes. Hygiene of diet. Fresh air, exercise, and rest. Care of the eyes and of the teeth. Infection—Immunity. Pure water and destruction of refuse. Insects and parasites and their connection with disease. Hygiene of childhood and child welfare. School hygiene. Tuberculosis. Venereal disease. Infec-

tious diseases. Cancer. Mental hygiene. First aid in case of accident. Domestic hygiene. Housing and town sanitation. Food protection.

“To invite national societies to increase preventive measures against the venereal diseases by permanent popular propaganda campaigns, pointing out the dangers of these diseases and making use of the press, pamphlets, lectures, charts, films, and every known method.

“In addition to the work of education in prevention, to recommend the establishment of prevention and treatment centers for venereal diseases, the organization of dispensaries and of establishments for the free treatment of patients until they are pronounced free from infection.”

The Imperial Social Hygiene Congress.—The Imperial Social Hygiene Congress will hold its annual meeting in London May 12th to 16th, 1924. It is expected that the early announcement of the program of the five days' meeting will bring many representatives of overseas public health departments and branches of the council to London and that the local authorities and branches of the Council in Great Britain will also welcome the opportunity of discussing the general constructive policy that the Council expects to formulate on the basis of the past few years of experience and on the findings of the recent committee of enquiry.

Among the speakers on the program are, The Right Honorable J. Wheatley, Minister of Health, Sir Leslie McKenzie, M.D., Member of the Scottish Board of Health, Dame Rachael Crowdy, Mrs. C. Neville-Rolfe, and Sir Arthur Newsholme, M.D.

Dr. Charles W. Eliot.—A public meeting is to be held in Sanders Theater, Cambridge, Massachusetts, on March 20th, 1924, to honor Dr. Charles W. Eliot, President Emeritus of Harvard College, on his 90th birthday. The meeting is to be held under the auspices of the Harvard Alumni Association, the Associated Harvard Clubs, and an Honorary Committee of about 200 men representing various professions and occupations chosen from all parts of the United States.

President Coolidge has consented to serve as Chairman of the Honorary Committee of Citizens. Among others serving on the Committee are the following: William H. Taft, Chief Justice of United States Supreme Court, Governor Channing H. Cox of Massachusetts, and W. L. McKenzie King, Premier of Canada.

President Eliot is honorary president of the American Social Hygiene Association and has been from its inception one of the staunchest supporters of the whole social hygiene movement.

Notification of Venereal Diseases in Western Australia.—The report of Dr. R. C. Everitt Atkinson, Commissioner of Public Health in Western Australia, where a system of anonymous notification is in operation, argues well for stringent enforcement of the laws requiring notification.

The report states that the total number of new cases of venereal diseases reported during 1921 was 1115, an increase of 132 over the previous year. This increase appeared in the case of both men and women, 73 being men and 59 women. During 1922 there was a reduction of 384 in the total number of new cases reported, and this reduction was evident in the case of both men and women in both gonorrhea and syphilis. From this the public health authorities reach the conclusion that government measures are becoming effective. Those who feared that a system of notification would of necessity operate unfairly against women are confronted with the facts that legal proceedings were taken against 24 persons consistently refusing to secure venereal treatment, only one of whom was a woman.

The percentage of women being notified, however, has increased, which is taken to mean, not that there has been an actual increase in the prevalence of venereal diseases among the female population, but a greater willingness on the part of women to seek medical attention and an increasing knowledge on their part of the significance of such diseases and of the benefits to be derived from early diagnosis and treatment.

Dr. Snow Appointed Chairman of League Committee.—Dr. William F. Snow, the General Director of the American Social Hygiene Association, has been appointed by the League of Nations as Chairman of a Committee to investigate the conditions surrounding the international traffic in women and children. The first meeting of this Committee will be held in Geneva on April 7, 1924, when the Committee will be organized and the plan of investigation agreed upon.

The appointment of the Committee was the outgrowth of a recommendation by the Advisory Committee on the traffic in women and children appointed by the Welfare Section of the Secretariat of the

League of Nations to which Miss Grace Abbott, Chief of the Children's Bureau, was appointed by the President to attend in an unofficial and consultative capacity last summer. The appointment of the Committee was suggested by Miss Abbott at that time and approved by the Council of the League.

The funds for the investigation have been provided by the Bureau of Social Hygiene.

The Committee consists of seven members, one from each of the following nations: United States, Chairman; England; France; Italy; Uruguay; Belgium; Japan.

BOOK REVIEWS

PSYCHOLOGY AND MORALS. By J. A. Hadfield. New York: McBride, 1923. 181 p.

The substance of this book was presented as the Dale lectures at Mansfield College, Oxford. Although the topics of some of the chapters come quite naturally after those previously presented in the book, many chapters seem to be essays in themselves. The style is very readable and one may read it from cover to cover or pick out a chapter here and there.

The author believes that the most effective way of solving problems concerning the health and happiness of society as a whole is by the study of the health and happiness of the individual. The study of the individual is the most promising road to the solution of the problems of society. "The purpose of this book is to approach the moral problem as a problem of the individual, to set out the psychological factors which constitute character, to study the causes of unrest of spirit, and to suggest lines along which ills may be cured, and the soul made free to realize happiness in a community of moral beings."

One member of society may be a victim of someone else's perversion. Society must cure such perverts and not merely punish them. There is still a great gulf between those who emphasize responsibility, and those who recognize and seek to cure the disease.

Vices are only the perverted use of valuable instincts, and the cure

of evil is not in eradicating but in diverting them to right uses. Thus the author believes that evil is *positive*, not a mere negation of good. He believes in tracing back the symptom to its historical origin, discovering the emotional complexes, readjusting the elements of the complexes by bringing them under conscious control of the will. This method differs radically from Freud's method of analysis of dreams.

There is an interesting chapter devoted to sublimation. Sublimation he defines as the process by which instinctive emotions are diverted from their original ends and redirected to purposes satisfying to the individual and of value to the community. The sex instinct is highly creative so its sublimation may be found in all forms of creative work, but the forms of sublimation may extend far beyond the mere creative as the sex-instinct is many sided. To effect an adequate sublimation we must discover which of the impulses is strongest in any particular individual and then redirect this impulse.

We do not believe it is necessary to have all the subdivisions and classifications which the author describes. He takes space to differentiate moral diseases and sin, and again to show the difference between happiness and pleasure. We find his main thesis sound and readable. He concludes with three sound commands—Know Thyself, Accept Thyself, Be Thyself.

EDITH MULHALL ACHILLES.

Columbia University.

THE FAMILY AND ITS MEMBERS. By Anna Garlin Spencer. Philadelphia and London: J. B. Lippincott Company, 1923. 322 p.

This book courageously essays two objects which are most difficult to combine. It is an inspirational book, focusing attention on the contribution the family as a unit should make to modern life, warning against the tendencies that seek to disrupt that unit, and dwelling on the emotional basis for family solidarity. On the other hand, the book is frankly a textbook on the family's relationships to work, school, play, and to government, and also its relationship to those special problems of its individual members that both glorify it and weaken it.

With a task involving so many ramifications, the book can serve only as a guide post. Its greatest values, perhaps, are its large number of clear allusions to current literature and its full and well

classified bibliography. On this last account, especially, the book is of great value to every family case worker and will tend to integrate her philosophy in a day when the underlying ideals of family case work are too often forgotten in the worker's interest in the problems of the individual.

And yet one cannot help feeling that the book would be of greater value if there had been more recognition of the psychiatric thread that runs through most people's lives and if there had been franker discussion of some of the sex questions involved.

Except in its slight discussion of some of the problems involved in the vocational placement of the feeble-minded in the community, the book tends to differentiate in too hard and fast a way between the normal and the abnormal; there is too little emphasis on adjustment in the community and on modern psychological research in this connection.

Case workers will be very much interested in the discussion of the problem of the aged, an aspect of family case work that has been neglected and where there has been a tendency to approach the subject in a routine way.

Mrs. Spencer's attitude toward divorce as a symptom, not a cause, of disintegration in family life and her emphasis on the immediate necessity of stabilizing and safeguarding marriage laws are exceedingly constructive.

The book seems hazy in its discussion of the modern woman's desire to be economically independent, whether married or not, and in its approach to the question of the family wage, but it is most clear cut and modern in its position that the woman deserter should be made financially responsible to the deserted family group, when she is able to earn, just as men deserters have been held in the past. The relationship of the family unit to members possessing special abilities and the extent to which the family as a whole should sacrifice itself for the advancement of the gifted member, is a fascinating topic which Mrs. Spencer touches upon briefly. The psychology of the family as a special and most important type of small group psychology is a most important factor here, as it is in all aspects of Mrs. Spencer's great subject. When will psychologists explore more thoroughly this most interesting field?

Brooklyn Bureau of Charities.

ELIZABETH DUTCHER.

BRIEFER COMMENT

A BIBLIOGRAPHY OF EUGENICS. By Samuel J. Holmes. Berkeley: University of California, 1924. 514 p.

This very complete and carefully compiled bibliography on the subject of "Eugenics" grew out of the list of references collected during the preparation of the author's book, "The Trend of the Race." The fact that the bibliography covers more than 500 pages indicates how thoroughly Professor Holmes has covered the subject. The references are grouped under forty different headings, which make it possible for the student of one particular phase of the question of eugenics to locate references on his subject fairly easily. All students of social welfare will welcome this work of reference.

PUBLIC HEALTH IN THE UNITED STATES. By Harry H. Moore. New York: Harper & Bros., 1923. 557 p.

An excellent reference book—in brief compass—on the question of public health in the United States. After a brief historical summary, the author discusses "The human and economic costs of disease," "The warfare against disease," "The exploitation of ignorance regarding disease," "The conquest of disease by health," and "The expanding field of public health." Venereal diseases are included among the "still unconquered" forces. Statistical tables, bibliographies, and an index add very much to the value of the work as a reference book.

WHAT TO READ ON SOCIAL HYGIENE. Books for parents, teachers and young people. Selected by M. J. Exner and Martha P. Falconer. New York: The Survey, 1923.

These lists—one for parents, teachers, and young people and the other for social workers—are the third and fourth in the series of reading lists now appearing in the *Survey*. No. 1 was a list of books on Psychiatry by Dr. Bernard Glueck and No. 2 was on The New School by Professor J. K. Hart. These lists on social hygiene are especially valuable because they are brief and authoritative, and Dr. Exner and Mrs. Falconer have commented on their selection, pointing out the particular value of each of the books included or the especial audience for which each one is suitable.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

BALTIMORE CRIMINAL JUSTICE COMMISSION. First annual report for the year 1923. Baltimore, 1924.

COMMONWEALTH FUND. Annual report 1923. New York, 1924.

THE HEALTH OF THE SCHOOL CHILD. Chief medical officer of the Board of Education. Annual report . . . for the year 1922. London, 1923.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

JANET F. MELVAIN

Cataloguer, National Health Library

- BINZEL, L. Education's responsibility for parenthood. *Child welfare magazine*, 18:245-8, January, 1924.
- COOPER, J. L. Syphilis and its sequelae as an insurance risk. *Medical insurance*, 39:348-51, January, 1924.
- EXNER, M. J. Social hygiene books for parents, teachers, and young people. *Survey*, 51:536, February 15, 1924.
- FAIRFIELD, L. New venereal disease regulations for Italy. *Health and empire* (London), 2:43-44, December, 1923-January, 1924.
- FALCONER, M. P. Social hygiene books for social workers. *Survey*, 51:537, February 15, 1924.
- GOLDSMITH, J. F. The National social hygiene conference. *Public health nurse*, 16:33, January, 1924.
- HARRIS, L. I. Venereal disease in New York City. *Monthly bulletin*, New York City department of health, 13:265-72, December, 1923.
- HARTMAN, W. L. The economic viewpoint upon syphilis in industry. *Journal of state medicine*, 5:341-46, January, 1924.
- LAWRENCE, J. S., and TEWKSBURY, R. B. The attitude of the medical profession of the state of New York toward the venereal diseases. *New York state journal of medicine*, 24:13-17, January, 1924.
- League of Nations—Advisory committee on the traffic in women and children. . . . The proposal of the delegate of the U. S. A. *Survey*, 51:515, 1924.
- MEYER, H. D. New values in community play and recreation. *Nation's health*, 6:15-17, January, 1924.
- "Our ostriches." *British journal of nursing*, 72:9, January, 1924.
- PATTERSON, R. S. New Jersey municipalities lead in venereal disease prevention. *Public health news* (New Jersey department of health), 9:92-97, February, 1924.
- RORKE, M. Methods of securing increased facilities for the diagnosis and treatment of venereal diseases, especially in married women. *Health and empire* (London), 2:41-43, December, 1923-January, 1924.
- SAMPSON, W. Preventive venereal-disease education. *Public health news* (New Jersey department of health), 9:98-101, February, 1924.
- Social hygiene. Venereal diseases among children. The nursing profession and venereal diseases. *Health and empire* (London), 2:46-48, December, 1923-January, 1924.
- STERN, A. The psychoanalyst and his therapeutic objective. *American medicine*, 29:839-48, December, 1923.
- THOMSON, A. N. Venereal disease control during 1923. *Modern hospital*, 22:53-54, January, 1924.

Journal of Social Hygiene

VOL. X

APRIL, 1924

NO. 4

SOCIAL WORKERS AND PROSTITUTION *

J. W. HOLLOWAY, JR., B.L.

*Assistant Director, Division of Venereal Diseases, Tennessee Department of
Public Health*

Most of us are all too ready to consider prostitution as distinctly and wholly a police problem. It is very comforting for society to attempt to shift the burden of correcting this maladjustment on the already overburdened shoulders of the law enforcement officials and then to sit back complacently and criticize these officials for not doing the impossible—for not correcting single-handed in a moment that which society has permitted to exist and flourish for many centuries. We are inclined to lose sight of the fact, too, that our officials are merely our representatives. We elect them to office; they retain office at our will and pleasure. They are put in office to carry out our wishes, to act in our stead in matters pertaining to municipal government, while we attend to matters more personal, and incidentally, more remunerative. Would it not be a wise procedure, therefore, for us to seek to discover if our officials, in any given instance, are not merely reflecting our own wishes and opinions, either expressed or implied; and ask ourselves whether we, or they, are the responsible agents for conditions as they exist to-day?

It would not be within the province of the Department of

* Read before the Nashville Council of Social Agencies, September 10, 1923.

Health to advocate the closing of disorderly resorts because in the operation thereof both state and municipal laws are violated nor because of the anti-social conduct involved. In addition to being illegal and immoral, however, houses of prostitution are veritable breeding places of disease. Prior to 1917, it is safe to say, very few health departments took an active interest in the problem of prostitution. Reporting of venereal diseases was not generally required by law and little information was available to show the prevalence of these infections. Then came the revelations of the physical examinations held in connection with the draft immediately following our entrance into the war. The Government, under the provisions of section 13 of the Selective Service Act, at once took steps to close all vice districts within a certain radius of training camps. This action was taken, not solely to preserve the good morals of the enlisted men, but because these resorts were contaminating the men physically and making them unfit for military duty. Probably one of the most widely known districts in this country was located on the famous Barbary Coast of California. This was closed in January, 1917, three months prior to our entrance into the war; and of the 320 women examined, 97 per cent were found to be infected. A district in Baltimore, Maryland, was closed and 92 per cent of the women were found to be infected. More figures are available but it is needless to take up further time with other quotations. We may assume it to be a settled fact that between 75 per cent and 97 per cent of all those who are promiscuous are infected and therefore disseminators of venereal diseases.

Such being the case, let us analyze for a few moments the paradoxical attitude we are assuming to-day in respect to this question. We all realize, or should by this time realize, the seriousness of the venereal infections. Evidence is screaming at us from every corner. Our asylums are peopled in part with those suffering from the ravages of syphilis. Our institutions for the blind hold pitiable witnesses to the

sight-destroying effect of gonorrhea. "To say that gonorrhea causes fifty per cent of all blindness dating from birth conveys little impression of the tragedy. One has to see one of these little children, rocking back and forth in its little chair, waving its little hand between face and window because that flickering of the finger shadow across the twilight is all it will ever know of more than half of life. One has to see this thing, and watch the little tot groping around on the floor, gurgling as it feels of your shoe strings, really to know in the soul of him what gonorrhea means." Every agency engaged in social work, along whatever lines its particular endeavors may be directed, comes in daily contact with those physically, mentally, or financially unfitted to cope with life by reason of these infections. You would not be forced to search very long or very far to find illustrations of the statement just made. In other words these infections may be held partly accountable for the need of social work, entailing as it does the yearly expenditure of not inconsequential sums of money and time that might well be devoted to other things.

In taking steps to alleviate this condition we have made a wonderful beginning in Nashville in the establishing of a clinic where the poor may receive treatment free. Nothing ever done in Nashville has in it more potentialities for good than this treatment center. It is reaching a class of men and women who would otherwise rely on self-treatment or go without treatment, either case oftentimes resulting in irreparable damage. However much good the clinic is doing, or is capable of doing, though, it can never be more than a salvage depot. It is valiantly trying to cope with and overcome the results attending our past attitude of tolerance and indifference toward causal factors. We know that houses of prostitution afford a ready opportunity for the spread of the venereal diseases. Then how consistent are we, to spend money and effort in trying to handle results while, at the same time, by our silence indirectly approving of the cause and permitting it to exist? With the almost total absence of concerted public

opinion on this matter in Nashville it is not at all surprising that such resorts have been operating without much secrecy. This is not so much a charge of laxity on the part of the police as it is a challenge to the people of Nashville in general, to this group of social agencies in particular. The police have raided these places time and again. The inmates have been taken before the city court, fined usually five or ten dollars, sometimes a little more, and very promptly they have returned to their old haunts to assume again their vicious habits. The police can only be effective in so far as they have public opinion with them and public support back of them. Thus far this support has not been very freely given them, if indeed it has been given at all.

Allow me to repeat. We are beginning to realize the seriousness of the venereal diseases. This is evidenced by the very existence of the clinic. It goes without saying that we would not expend money in the maintenance of the clinic unless we deemed its existence urgent and important. Furthermore, I believe public sentiment is with the clinic and will continue to back it to the utmost limit. Why then does not this same public sentiment express itself just as vigorously against the cause responsible for the necessity of operating and maintaining the clinic? The few figures given above showing the high percentage of infection of those who are inmates of disorderly resorts are just as applicable to Nashville as they are to California and Maryland. Here is the paradox in our attitude. We, at public expense, afford treatment for the indigent and yet at the same time by our indifference or assumed blindness we permit the existence of places where reinfection may promptly occur. How much progress do you think could be made against malaria if we did nothing but administer quinine—if we stuck our heads in the ground, ostrich-like, either refusing to acknowledge the existence of the mosquito, or else neglecting to realize its part in the spread of malaria? We are entirely consistent, however, in regard to this disease for we attack it also at its

source in cleaning out the breeding places of the malaria-bearing mosquito. The same method of handling must be applied to the infections under discussion. They can never be successfully and satisfactorily handled unless and until we begin at the source. Some are extremely pessimistic and view the situation as hopeless. Its solution is difficult but certainly not hopeless. The health department cannot handle it alone, the police department cannot, the social agencies cannot—but if we could secure concerted action with all interested parties working in close and sympathetic harmony, with an unalterable determination to succeed, I cannot but feel that favorable results would ensue.

In seeking a solution for this problem let us proceed in a calm, deliberate manner, without on the one hand allowing our hearts to rule our heads, foregoing all feeling of sentimental irrationality so frequently in evidence in our efforts of the past and yet, on the other hand, ever mindful that we are dealing with human beings, some of whom are, it is true, lingering near the bottom of the social ladder, yet withal, human beings and, as such, entitled to consideration. I would not have it thought that I am about to offer any panacea or anything new nor yet anything theoretical. I purpose merely to accept the facilities at hand and outline very briefly what may be accomplished with them.

The procedure of raiding disorderly resorts, hauling the inmates up before the city judge, and imposing a fine of from five to twenty-five dollars could be carried on indefinitely without appreciably affecting this evil. The inmates look upon and accept an occasional police raid as a necessary incident in their business. Hence, as a deterrent force, it is practically useless. This statement will, I believe, be fully substantiated by a glance at the police records showing the same names appearing with what must be disheartening frequency to those members of the Department who have the welfare of their city keenly at heart. As a corrective possibility, then, the fine system must be eliminated. Another faulty

feature of this system is that, in practice, it reaches only the inmates, the only ones who are deserving of the slightest sympathy or who are entitled to the slightest consideration. The occasional raid and fine system leaves unpunished the grasping, conscienceless landlord who exacts exorbitant rents for the privilege of using his property for an unlawful purpose; it does not bring before the bar of justice those who act on the outside as soliciting agents, directing patronage to the particular establishment in which they are financially or otherwise interested; it seldom, if ever, administers punishment to the male habitués who must be considered *in pari delicto* with the rest if justice is to be served.

In October, 1913, the General Assembly of Tennessee passed an act providing for the statutory abatement of certain public nuisances. The act in question specifically designated three things or vocations as public nuisances: (1) The sale of intoxicating liquors; (2) gambling houses; and (3) "the keeping, maintaining, or conducting of bawdy or assignation houses." Any city, county, or state's attorney or any ten citizens may file a petition asking for an abatement of a nuisance. The following may be made parties defendant: (1) The person or persons conducting the house; (2) all aiders and abettors—including the solicitors and male habitués; (3) the owner of the building; and (4) the rental agents. They may all be brought into court and if the evidence sustains the charge an injunction will issue perpetually enjoining the defendants from engaging in, conducting, continuing, or maintaining such a nuisance anywhere within jurisdiction of the court. A violation of this injunction subjects the violator to a jail sentence of not less than thirty days nor more than six months and, in the discretion of the court, to a fine of not more than fifty dollars. So far as I have been able to ascertain the provisions of this act have never been used against a house of prostitution in Nashville. Yet this particular method, that is by injunction, has been found most efficacious in other states. In 1921 there were 40 states in

which similar laws were operable, and in California, for example, it has proved most helpful in closing single houses and in breaking up districts. It is a remedy that does not temporize with the condition; the injunction is permanent, a violation of which being declared contempt of court; it places the inmates, the habitués, and the owner of the building where they rightfully belong, in the same class, and subject to the same punishment. Just imagine what a salutary effect it would have on conditions in Nashville if some of the owners of buildings used as houses of prostitution were to be hauled up in court! And why shouldn't they be? They are legally and morally responsible for the use to which their property is put and they should be held strictly accountable. And, incidentally, an investigation into the ownership of such properties would bring to light facts startling and almost too incredible for belief. Several years ago under my direction an investigation was conducted in a city in Tennessee, other than Nashville, and among other things we found that a house of prostitution, running wide open, was owned by the superintendent of one of the largest Sunday schools in the city. Another such house was owned by minors whose affairs were administered by one of the most influential banks in the city and there were many other instances of like nature. It is believable, at least, that neither the Sunday school superintendent nor the bank knew to what use their property was put—but such negligence should not be.

I am not leading up to the suggestion that this Council of Social Agencies should itself institute proceedings under the provisions of this act. I am, however, offering this thought. The mere existence of the Injunction and Abatement Law affords you an excellent opportunity to get results without ever seeing the inside of a court room. You are a representative body composed of social workers and those interested in the social welfare of this city. Your standing in the community is an established fact and your voice will not go unheeded. A letter from you to the owner of a house in which

prostitution is practiced, or to the rental agent, calling his attention to the provisions of the Injunction and Abatement Act, to the fact that evidence has been brought to your attention establishing the character of the house and giving a short explanation as to why houses of prostitution are inimical to the health and morals of the city—such a letter, written in a coöperative spirit, would meet with gratifying results. Following the investigation mentioned in the preceding paragraphs above where a Sunday school superintendent was found to be the owner of a house of prostitution, a letter was written to each owner similar to the one just outlined. To 24 out of the 25 letters written, a reply was received exhibiting a coöperative spirit. About two months after the letter-writing, a government investigator again visited the city for the purpose of checking up on the results. All of the twenty-five houses, on which he originally reported, were being conducted in a legitimate manner. This suggestion is offered as something workable, something practicable, something definite, for your consideration.

This question next arises "Suppose we do succeed in closing the houses, what shall we do with the inmates?" Frankly I am thinking less of the present numbers than I am of those who must succeed them. Those living in the resorts now will not last always. Others must be coming on to take their places and inevitably they will come if conditions remain unchanged. Can I, as a citizen of Nashville, countenance the existence of a condition that necessitates the constant recruiting and damning of somebody's daughter, of somebody's sister, when I have no daughter or sister to offer? Each of you ask yourself the same question and consider the answer carefully, thoughtfully. As to the present inmates, in the first place they will be diseased. Coöperate with your City Health Department to the end that the Detention Home formerly operated may be re-opened. There they may be treated until they are at least non-infectious. After they are no longer a menace physically to society, effort must be made to protect

them from society. Those who show a spirit of coöperation should be offered a helping hand by the social agencies. Get them a decent, respectable place in which to live and a position from the returns of which they may become self-supporting. That is the only kind of social work that pays in the end, the kind that helps people to help themselves. That social work which does not tend to make itself unnecessary is at best superficial. Those inmates who are not amenable to proffers of assistance, who persist in following their unlawful vocation—against them the law should take its course and deal with them just as with other misdemeanants.

Prostitution itself is only an outward manifestation. It is but a result. It has been estimated that the total number of prostitutes in the United States exceeds 300,000. In an article by Frank E. Leslie, appearing in the June 2, 1922, number of the Public Health Reports, on the question of delinquency, this was said: "Is it not plain that the problem of prostitution is something bigger than simply the treating of the 300,000 members of this national group as an entity? It is beyond doubt the duty of society to realize that these women are, for the most part, mentally sick from childhood, because of the failure of the general public to manifest sufficient interest in the social conditions of the community at large that are mainly responsible: namely, poverty, ignorance, and disease, of which the last two may be relieved by better housing, better schooling, better industrial hygiene, more community play grounds, and more active work by churches and other societies, especially among the poor. The public would be indignant and horrified if property owners and public authorities allowed thousands of cases of smallpox to develop in the tenement districts of a city. Why? Because the smallpox might spread and endanger the health of those living in more favorable districts. Yet society complaisantly allows a pestilence far more horrible and deadly than smallpox to develop constantly in its midst, and when occasional symptoms, such as prostitution, become manifest to a degree that

offends the élite, they cry out in sanctified protest against the laxity of the police in wiping out immorality. It is surely one of the most important tasks for mental hygiene and social hygiene to awaken, by education, the dormant intellects of the people to a fine realization of the real cause of delinquency, namely mental and physical illness, poverty and ignorance, all preventable conditions."

You, as social workers, should not be content with dealing with results. Yours should be the aim and practice to delve below the surface, ferret out the causative elements, and, having touched the vital spot, formulate plans to correct.

THE RELATION OF PUBLIC RECREATION TO PROBLEMS OF SEX *

HENRY S. CURTIS

*Director of Hygiene and Physical Education, Department of Physical Education,
State of Missouri*

The fundamental problem of sex is to secure an early and happy marriage, thus reducing as far as possible the sex strain and the number of celibate adults. In this, there are two essential problems: Training for marriage and parenthood, and the improvement of social opportunities for the normal acquaintance and friendship between the sexes. Ideals of marriage are the greatest restraint against sex dissipation.

The failure of early marriage results in three fundamental problems: First, the problem of sex restraint including the repression of prostitution and its attendant diseases, promiscuity, self-abuse, and perversions. Second, the prevention of ill effects to those who are not restrained; and, third, the prevention of ill effects to those who are restrained.

UNORGANIZED AND COMMERCIALIZED FORMS OF RECREATION.—Among primitive and uncultivated types the most common forms of recreation are sex dissipation, drinking, gambling, and dancing. Dancing seems to find its origin primarily as a form of sex allurements. In the world of animals and birds, it apparently serves this purpose only. Many dances such as the houp-la and the hula hula have this intent.

Unrestrained commercialized recreation gives us the amusement park, the excursion steamer, and the burlesque show, properly called a show. Under the influence of sex the miser forgets his gold. Sex stimulation leads to recklessness in expenditure, hence the common policy of these commercialized

* Abstract of an address delivered before the Missouri Social Hygiene Association.

forms of recreation to arouse sex wherever possible. On a vacation one tends to take a vacation from his morals as well as from his work. He falls back from the lately acquired characteristics of civilization upon earlier and more instinctive forms of activity. Unorganized and uncontrolled forms of recreation nearly always lead toward vice.

THE RESTRAINT OF VICE.—Dean Briggs of Harvard has said on various occasions that the most effective restraint for Harvard men has come through football and other organized forms of athletics. If we seek the reason for making athletics compulsory in the English preparatory and public schools, we find that there, also, the sex reason was primarily responsible. By all rules of training in athletics, sex dissipation is forbidden to contestants.

Vigorous athletics leads to weariness, sound sleep, and vital interests which hold the attention from sex imaginings and adventures. The worst community is always the dead community in which nothing is going on; while in any community in which there are deep seated interests, sex has many rivals. Both G. Stanley Hall and Winfield Hall hold, also, that athletics is a vicarious expression of the sex impulse.

The sex relationship is the most intensely social relationship of life. Sex desire is partially satisfied by an abundant social life. The person who is living by himself in a hall bedroom, a stranger in a strange city or in any community where there is little social opportunity is much more tempted and in much worse ways than the person in a community where he is known and respected. Plato says somewhere in the "Republic" that none of us would be very trustworthy if we were invisible. The person in a strange city is that person. So far as people who count for him are concerned, he is invisible. Consequently, the country boy and girl often become reckless in the city; and our good citizens who go away to Paris do not always behave as well there as at home.

The community which is friendly with full social life will normally be more virtuous than a community in which there is little acquaintance or regard between different members. Those forms of recreation which make people acquainted and friendly will be of great value to social hygiene.

The third value of recreation is on the emotional side. Music, art, dancing, and religion, were all evolved from sex. Each draws its energy from a common emotional reservoir. Each may serve as a sublimation to some extent of sex. The emotional life cannot be wholly repressed but will find expression in some form. The person living by himself without legitimate emotional expression becomes reckless. Music, art, dancing, religion, have each a definite emotional value in the restraint of vice, but it must be recognized also that the shift from one form of emotional expression to another is a fairly easy one.

THE PREVENTION OF EVIL EFFECTS TO THOSE WHO ARE NOT RESTRAINED.—No form of sex repression will be more than partially successful. Sex is the deepest impulse in human nature. Our new continence is something which man has not been trained for through racial history. Under primitive conditions, marriage follows puberty at once. Even in the fifteenth century the average age at which girls were married was thirteen. Man has had very little training for that long break between puberty and marriage which modern civilization calls for. Through sexual selection the more passionate are constantly chosen and the passionless leave few descendants. Thus the race grows more passionate with the centuries.

It is quite possible, if we choose, to largely reduce the evil effects to the prostitute. The priestesses of Aphrodite and Venus although public prostitutes in Greece and Rome were highly respected in the community. The same is, I understand, yet true of the priestesses attached to certain of the temples in India. The prostitute does not suffer from her life in France as she does in America. The evil effect to her

is largely due to the social ostracism which follows and from the bad company she keeps. We could lessen this social penalty and so her social injury, but it is not certain this would be desirable.

The girl who slips is often spoken of as "ruined," but the experience which she has had is no different in itself from the experience of any married woman. The difference in effect is wholly due to the feeling which she has in regard to it, and the way she is treated by the community. If she regards herself as fallen, broods upon it and loses her self-respect, it will have a very serious effect upon her; but if, upon the other hand, she forgets about it in normal social life and general interests, it will have little effect. If we cannot coax the skeleton out of our closet, we had best not live in the closet ourselves.

A single act has practically no effect upon character. It is only with many repetitions that conduct becomes habitual. The girl or boy who goes over sex experiences in imagination again and again makes these experiences habitual. It is these imaginings which mold character, not the single act. Abundant recreation and social life are the best preventives we have of this type of day dreaming.

We have no evidence whatever that auto-erotic phenomena within limits have any appreciable ill effects upon the person physically. Their great evil is that they tend to turn the mind in on itself making it introspective. A person often becomes unsocial, goes apart to brood and loses his self-respect. The answer to the situation again is abundant recreation and social life. The boy who keeps his place on the baseball team and the football team will suffer little.

PREVENTION OF ILL EFFECTS OF CONTINENCE.—Sex is the deepest impulse in human nature. Under certain conditions, the cutting off of sex expression leads to injury. The person is not sensualized by sex expression but by sex abstinence. It is not the person with three meals a day, but the person who

goes hungry who thinks of his stomach. Many young people are wasting a third of their vital energy in sex imaginings which yield no advantage of any sort. Life insurance statistics show that the married are better risks than the unmarried. The spinster of forty-five often looks ten years older than the mother of forty-five, while an apparent rejuvenation often follows in the wake of marriage for those in middle years. Under certain conditions of continence, neurasthenia and hysteria result. If we would be continent and well, sex must be put out of mind. The most successful method is abundant recreation and social life.

WHAT SORT OF RECREATION WILL PREVENT SEX DISSIPATION?—

1. On the physical side it must be vigorous, using surplus energy and producing sound sleep and quiet nerves. 2. It must be interesting to keep the thoughts on other things. 3. It must be for all, but especially adolescents. 4. It must be largely at night when working boys and girls may profit by it. 5. It must provide for both boys and girls and for the right social life of the sexes together. Professor McDougall suggests that our Y. M. C. A. and Y. W. C. A. should be made into a single young people's club. 6. These conditions will probably be best met by a fuller development of the community center in connection with the public schools. These are central in every community. The playgrounds should be adequate and lighted at night for the use of working boys and girls. In congested centers there should always be a gymnasium and swimming pool which should be available to the community at night as well as to the school in day. The auditorium should be used constantly for lectures, concerts, dramatics, and moving pictures. When a neighborhood becomes a community, it has in every member a censor on the conduct of the other members. Most of us are not much concerned with the laws in regard to vice or crime. The only law to which we feel ourselves subject is the law of public opinion. This is effective in direct proportion to the intimacy of the social life.

SYPHILIS AS A PRENATAL PROBLEM

JOHN C. GEBHART

*Director, Department of Social Welfare,
New York Association for Improving the Condition of the Poor*

The high death rate prevailing among colored mothers and infants is a matter of deep concern to health workers and to those who are interested in the future welfare of the colored race in America. While Dr. Haven Emerson was Commissioner of Health for New York City he became thoroughly aroused over the high maternal and infant mortality prevailing in the colored district just west and north of Columbus Circle, popularly known as the Columbus Hill district. At his suggestion the Association for Improving the Condition of the Poor began, in April 1917, an intensive educational nursing service in this area. The work centers in a prenatal educational nursing service for expectant mothers, for it is believed that the proper care and supervision of mothers at this time will reduce the mortality of both mothers and infants.

The prenatal service conducted in this area for six years is fully described in a pamphlet which the A. I. C. P. is about to issue.¹ Our chief concern here is with syphilis as a complicating factor in maternal and child health. A brief summary of the prenatal service is needed, however, because the campaign against syphilis is a logical outgrowth of the prenatal service.

During the six year period (April 1917 to April 1923) 1224 births, which were preceded by prenatal nursing care, occurred among the mothers of the district. There are in

¹ *Health Work for Mothers and Children in a Colored Community.*—John C. Gebhart.

this district two excellent maternity hospitals, Sloane Hospital for Women and New York Nursery and Childs Hospital. The mothers of the district are quick to avail themselves of the service of these hospitals as shown by the fact that 94 per cent of the deliveries were attended by doctors attached to the staffs of these hospitals. Practically equal proportions were delivered in hospital wards and in patients' homes by the out-patient service of the hospital. Besides providing care at delivery, these hospitals also provide periodical medical examinations during pregnancy for mothers registered with them for delivery. Moreover the hospitals refer all cases registered with them to the A. I. C. P. nurse for prenatal care. There is thus a close coördination of the medical service of the hospitals with the field service of the educational nurse.

More than half of the mothers (53.5 per cent) were given at least three months' prenatal care. This has an important bearing on the results of the prenatal service, for it has been observed that within certain limits the results secured are in direct proportion to the length of prenatal care. The puerperal death rate per 1000 deliveries for mothers who had less than three months' care was 10.6, while for those who had had at least three months' care it was 4.6 per 1000. Similarly the death rate per 1000 births within the first month was 49.8 for mothers who had less than three months' care and 20.6 for mothers who had had at least three months' care. In the case of both mothers and babies the mortality rate was reduced more than 50 per cent where the length of prenatal care was adequate.

When the rates for this district are compared with those prevailing among the colored in a similar district in Harlem or with the colored in Manhattan borough, it is clear that there has actually been a saving of lives as a result of the combined prenatal nursing and hospital service. The puerperal death rate for colored mothers for Manhattan borough (for a similar period) was 9.1 per 1000 deliveries; for colored

mothers in Harlem it was 10.5; while the rate for mothers of this district receiving at least three months' prenatal and hospital delivery care was 4.6 per 1000 deliveries. In Harlem the death rate for colored babies under one month was 67.5 while for the group of this district receiving at least three months' care and hospital delivery it was 20.6 per 1000 births.

There is a growing conviction that prenatal care will secure optimum results only where provision is made for syphilitic treatment and nursing follow-up. In order to explore this important field adequately we have made a thorough study of syphilitic infection among these mothers and have completed a record of the amount of treatment provided. We recognize that the problem of congenital syphilis is still in a controversial stage and that definite conclusions regarding it must be left to the medical specialists working in this field. We shall confine ourselves, therefore, merely to presenting the facts but we invite further study by the medical profession to determine their full implication.

Treatment is provided for the mothers and children by the venereal disease clinics of Nursery and Child's Hospital and Vanderbilt Clinic. The failure of the patient to attend the clinics regularly throughout the very long course of treatment is the most serious obstacle encountered in combating this disease. The clinics therefore welcomed our offer of a field nursing service to follow up the mothers in their homes to urge them to attend the clinics faithfully.

A complete record was kept for each mother covering not only the number and kinds of treatment but also the number of pregnancies experienced by the mother and their end-results as regards live births, still births, miscarriages, and early death of babies. The history of previous pregnancies gathered with great care, offer a substantial contribution, we believe, to a better understanding of the important bearing of venereal infection on the maternal and infant welfare problem.

Of the 1224 pregnancies coming under our supervision, 286 or 23.3 per cent were apparently complicated by syphilis. In other words, 192 of the mothers under our care presented either symptoms or medical histories which in the judgment of the clinic physicians were suggestive of syphilis, and these 192 mothers had had 286 pregnancies while under our care. The following table indicates to what extent the symptoms and history were confirmed by Wassermann findings.

TABLE I

WASSERMANN FINDINGS OF 192 MOTHERS DIAGNOSED AS SYPHILITIC

Wasserman Reaction	Number	Per cent
Total	192	100.
Negative	8	4.2
1 plus	6	3.1
2 plus	11	5.7
3 plus	4	2.1
4 plus	120	62.5
Not stated	43	22.4

While it is unfortunate that for 22.4 per cent of the cases we were not able to secure a report on Wassermann findings, there would seem to be no question that the majority of these mothers were suffering from syphilis.

It is generally recognized by medical authority that syphilis is one of the leading causes of miscarriages and still births. In order to trace this relationship more adequately we secured for all of the mothers enrolled in the study a report of all previous pregnancies, and these reports together with our own observation while under our care, enable us to present a striking picture of the toll which this disease exacts of early infant life. Our own results are confirmed by a previous study in St. Louis undertaken by Dr. Park J. White and Dr. Borden Veeder.¹ The following table summarizes the results of two studies in this respect:

¹ *A study of 443 cases of Hereditary Syphilis with Special Reference to Results of Treatment—American Journal of Syphilis*, St. Louis, Vol. VI, No. 3, July, 1922. Drs. P. J. White and Borden Veeder.

TABLE II

END RESULTS OF ALL PREGNANCIES OF SYPHILITIC MOTHERS AS REGARD LIVE BIRTHS,
MISCARRIAGES AND STILL BIRTHS

Results:	St. Louis Study		Present Study	
	Number	Per cent	Number	Per cent
Total deliveries	1463	100.	737	100.
Live births	1145	79.4	583	79.1
Miscarriages and still births.....	318	21.7	154	20.8

It is interesting to observe that the results of the two studies, so far as still births and miscarriages are concerned, are practically identical.

The amazing fact that one pregnancy out of five in syphilitic mothers results in either a still birth or miscarriage is a challenge to the best thought and effort of public workers.

The degree to which the complication of syphilis endangers fetal life as compared with cases where syphilis is not a factor and where adequate prenatal service is provided, are indicated in the following summary:

TABLE III

END RESULTS OF PREGNANCIES OF SYPHILITIC AND NONSYPHILITIC
MOTHERS COMPARED

Results:	Syphilitic		Nonsyphilitic	
	No prenatal supervision or treatment		Prenatal supervision	
	Number	Per cent	Number	Per cent
Deliveries	449	100	948	100
Live births	339	75.5	900	95
Miscarriages and still births.....	110	24.5	48	5

We were also able to study the mortality of all children under two for the pregnancies of syphilitic mothers which had occurred prior to our entering the field. The end-results of these pregnancies are presented in the following table:

TABLE IV

END RESULTS OF DELIVERIES OF SYPHILITIC MOTHERS UNTREATED AND UNSUPERVISED

Results	Number	Per cent
Total pregnancies	449	100.
Still births and miscarriages.....	110	24.5
Children dead within two years.....	131	29.2
Children living at end of two years.....	208	46.3

It will be noted that of 339 children born alive, 131 had died within the first two years, a mortality of 383 per 1000.

We begin now to appreciate the full significance of syphilitic infection as a prenatal problem. The group of mothers suffering from syphilis but receiving neither adequate prenatal instruction nor medical treatment had lost 53.7 per cent of their babies either through miscarriage, still-birth or death during the first two years.

An important feature of this study has been the follow-up of surviving children both for the purpose of bringing them under treatment and for observing the effect of congenital syphilis on the growing children. Of the 737 pregnancies among this group 426 children were alive at the time this study was made. We have tried to secure all possible data as to clinical manifestations of syphilis among this group.

Continued observation is necessary not only for successful treatment, but even for a satisfactory diagnosis. Wassermann findings were available for 225 of the 426 children. A single Wassermann reaction is not sufficient to establish a diagnosis of syphilis, positive findings must be confirmed by other symptoms. We present the following data, not in any sense as a report of final diagnoses of syphilis, but as a summary of clinical findings which are indicative of the amount of syphilis actually present in the group.

TABLE V

A SUMMARY OF THE WASSERMANN REACTION FOUND ON THE FIRST EXAMINATION OF CHILDREN WHOSE MOTHERS HAD BEEN DIAGNOSED AS SYPHILITIC

Wassermann Reaction	Number
Total number of children.....	225
Negative	172
Doubtful	6
1 plus	5
2 plus	5
3 plus	9
4 plus	28

So far as Wassermann reactions are concerned, 47 children showed positive signs of syphilis while 6 were doubtful and

172 negative. But this is not the whole story. Some children showing negative "Wassermanns" were actually diagnosed as syphilitic. The following summary of clinical findings is needed to complete the picture.

TABLE VI
A SUMMARY OF CLINICAL FINDINGS

		Condition Diagnosed as Congenital Syphilis	Syphilitic Symptoms Present	Negative Diagnosis or No Report
Total group	225	65	63	97
Receiving treatment	57	57		
Receiving no treatment but 1 "Wassermann" taken	83	3	30	50
Receiving no treatment but 2 "Wassermanns" taken	85	5	33	47

While only 65 (29 per cent) of the 225 surviving children of syphilitic mothers were definitely diagnosed as syphilitic, a much larger number would undoubtedly be placed in this group on continued observation and examination. In the St. Louis study, previously cited, where such observation was provided, 48.5 per cent were definitely diagnosed as syphilitic.

The nursing follow-up of patients under care of the venereal disease clinics was begun in August 1920. At the time of the close of the study (April 1, 1923) this work had been under way for less than three years. A much longer period is required both to bring the maximum number of women under care and to arrest the disease among a considerable number of those under treatment. But even with the limited time during which the experiment has been in progress, 77 of the 192 syphilitic mothers or 40 per cent have been given fairly adequate treatment.

The analysis of the results of this treatment must be left to the specialists in this field. We shall not attempt, therefore, to judge of the medical results so far as the mother herself is concerned. We have, however, attempted to ascertain to what degree the number of still births and miscar-

riages have been reduced with even this limited treatment. We have seen (Table IV) that the previous history of these syphilitic mothers indicated that 24.5 per cent of the pregnancies resulted in either still births or miscarriages, while only 5 per cent of the pregnancies not known to be complicated by syphilis resulted in such loss.

To the 77 mothers receiving treatment 120 deliveries occurred under our care. Of the 120 deliveries, only 68 transpired after a sufficient interval to be affected in any way by medical treatment. Despite the small number of cases, we have compared the end-results of these 68 pregnancies with the 220 which occurred without venereal treatment. The results are summarized in Table VII.

TABLE VII

END RESULTS OF PREGNANCIES OF SYPHILITIC MOTHERS RECEIVING PRENATAL CARE

	Receiving no Medical Treatment		Receiving some Medical Treatment	
	Number	Per cent	Number	Per cent
Deliveries	220	100.	68	100.
Live births	183	83.2	61	88.9
Miscarriages and still births.	37	16.8	7	11.1

While the cases are too few to make any provable claims, they certainly justify optimism as to the ultimate effects of such treatment when continued long enough.

Treatment of mothers is confined for the most part to the prenatal period. For this two reasons are given: (1) Recognizing the importance of anti-syphilitic treatment during the prenatal state as a preventive of early infant deaths and miscarriages, the clinics make a special effort to secure attendance during this period; (2) many mothers, as has already been indicated, move from the district shortly after the birth of the child and no longer report for treatment. The average period of treatment for mothers was 4.1 months, during which time an average of 5.5 treatments of various kinds were given. In a large number of the cases (40) it has been impossible to secure a report of Wassermann findings at

the close of the period, so that for this large group we have no evidence whatever of the results of the treatment. This leaves a very small group, only 37, on which reports of Wassermann findings were available at the close of the study. But even this meager material indicates a fair improvement in the condition of the mothers under treatment.

TABLE VIII

WASSERMANN FINDINGS OF MOTHERS AT BEGINNING AND END OF PERIOD OF TREATMENT

Wassermann Findings	Beginning	End
All cases	37	37
Negative	2	12
Doubtful	1	1
1 plus	1	0
2 plus	1	5
3 plus	2	1
4 plus	30	18

The nurses, however, have been able to secure more faithful attendance of children at the clinic and for longer periods of time. The average period of attendance of children has been 6.7 months, and the average number of treatments 13. Fewer cases were also terminated without final "Wassermanns" than in the case of the women, for of the 57 children under care final Wassermanns were available for all but 3. The following table summarizes the results of treatment for children:

TABLE IX

WASSERMANN FINDINGS OF CHILDREN AT THE BEGINNING AND END OF THE PERIOD OF TREATMENT

Wassermann Findings	Beginning	End
All cases	54	54
Negative	12	24
Doubtful	2	12
1 plus	5	3
2 plus	4	4
3 plus	5	3
4 plus	26	8

The importance of syphilis as a public health problem, particularly so far as infants and children are concerned, is

only beginning to be fully appreciated. Our five years' experience in this field offers, we believe, a concrete example of the type of service needed for the better understanding of this problem and the steps which must be taken by communities everywhere if the health and safety of mothers and babies are to be protected. For a large section of our population a prenatal service which fails to provide treatment and nursing follow-up for venereal infection will fail to secure the best results. In this particular area not only was the problem presented in alarming proportions but, unfortunately, excellent medical services both for delivery and for venereal treatment were ready at hand. It remained for our nurses to bring these services to the attention of those who were most in need of them and to carry into the home the educational program outlined by the medical specialists.

And yet this is only a beginning. A large proportion of the mothers suffering from venereal infection still remain without adequate treatment at what terrific cost we can well imagine. Without the sustained efforts of our nurses, without their unstinted devotion to their task and their patient and tactful handling of the most baffling social and personal problems, even this measure of success would never have been attained.

EDITORIALS

A NOTABLE ANNIVERSARY

To those who read the daily papers—and who fails to?—it is needless to retell the life history and works of Charles W. Eliot. The sincere tributes which were echoed throughout the nation on March 20th, his ninetieth birthday, are still fresh in the minds of most of the throngs who greeted him in Boston, and in those of the greater masses who, though not present, concurred in them.

Social hygiene owes a special debt of gratitude to Dr. Eliot. His constructive thinking and uniformly wise counsel have been among the leading factors in the steady and balanced progress of the movement. Serving first as president of the national association and, since, as its honorary president, he has seen a steady advance along the entire front—an advance which has influenced not only his own country but many others as well.

The following resolutions sent to Dr. Eliot on behalf of the Association are attempts at expressing the love and reverence with which he is regarded:

Resolutions Adopted at Meeting of Board of Directors of the American Social Hygiene Association, March 12, 1924

Whereas: Dr. Charles W. Eliot, Honorary President of the American Social Hygiene Association, will attain his ninetieth birthday on March 20, 1924, at which time representatives from the social, business, and professional worlds will meet to do him honor; and

Whereas: His notable and numerous contributions to the principles and practice of social hygiene have been of the greatest value in advancing the aims of the movement; and

Whereas: From the founding of the American Social Hygiene Association he has served constantly, first as its President and since as its Honorary President, and has given his counsel and devoted his energy freely with no motive save that of disinterested service to mankind; and

Whereas: We, in common with all of the great body of men and women throughout the world who realize the value of this service, welcome this opportunity to join in a universal tribute; be it

Resolved: That we, the Board of Directors, on behalf of the American Social Hygiene Association, hereby express hearty and sincere congratulations to Dr. Eliot on this occasion, and that we extend to him our earnest hope for further years of usefulness and happiness; and be it

Further Resolved: That a copy of these resolutions be incorporated in the minutes of the Board and that a copy be sent to Dr. Eliot.

THE QUACK IN LITERATURE

Quackery and commercialism usually go together. The "medicine-man" with his bottle of Cure-all and his minstrels or other type of ballyhoo to attract an audience, guaranteed his product to cure any kind of ache or ill. That his promised results were impossible to produce, and that his *guarantee* was worthless meant but little to the credulous groups of listeners—and purchasers. Their dollars were eagerly paid out for a few ounces of liquid, usually far less costly to the maker than was the bottle which contained it.

The quack doctor who, by the aid of fake examinations and false diagnoses, parted his victims from large sums of money also deserves a place in the charlatan's Hall of Fame. Oftentimes his patients were not only robbed of their savings but were so mis- or maltreated as to be irretrievably damaged physically, before learning that their trust had been misplaced.

Perhaps the most dangerous quackery of all, however, is that of literature, particularly much of that written on social hygiene and other public health problems. Far too large a portion of the public still rely too implicitly on anything they see printed. The unscrupulous and the careless publishers issue many books every year which are unsound scientifically and misleading in general. Some are mushy, attempting to deal out sentiment where cold, common sense is needed. Others handle statistics in the manner of that fiery spellbinder

who, when called to task for inaccuracy, querulously asked, "What's the difference if I *do* add on a few thousands? It makes my talk all the more impressive." Still a third group, (the most difficult to deal with), mix good and bad, true and false, sense and bathos, in their publications, the general effect being to make each book a volume of half truths.

Universal interest in sex problems has made the literature relating to them a fertile field for commercialization. The exploitation of trashy, maudlin books on sex is as widespread as it is dangerous. Hence there is no more valuable work to be done by the friends of social hygiene than that of promoting the distribution and reading of reliable literature, honestly written and fairly sold.

Recent additions to the library of this class of publications have been of a most helpful type. "High Schools and Sex Education," Gruenberg, published at the Government Printing Office by the United States Public Health Service, is a splendid book, obtainable for a modest sum. "Parents and Sex Education—Children Under School Age," by the same author, is another book of decided value. The new volume by Galloway, "Sex and Social Health," which is one of the most comprehensive books yet published in the social hygiene field, is just off the press and copies are on their way to those who already have ordered this book.

The National Health Series covers most of the important public health problems of to-day. Written by authorities and edited by the National Health Council, these twenty small volumes are both standard and economical. They may be obtained from the publishers, Funk and Wagnalls, or from any of the member organizations of the Council. Of greatest interest to social hygienists will be the three titles covered by Bigelow, Galloway, and Snow. These are respectively Adolescence, Educational and Hygiene Problems; Love and Marriage; and Venereal Diseases, Their Medical, Nursing, and Community Aspects. The complete set is well worth

possessing and, whether purchased volume by volume or as a whole, we believe that these valuable aids to health and clean living will soon find their way to thousands of homes and libraries throughout the country.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	221
The Forum	241
Association Notes	246
Book Reviews	249
Briefer Comment and Publications Received.....	255
Social-Hygiene Bibliography	256

Venereal Disease Control in the United States Navy.—The report of the Surgeon General of the United States Navy for 1923 shows some increase in the admission rate for venereal diseases over previous years. The admission rate for the year of the report was 127.36 per 1000 men as compared with 111.62, the median rate for the preceding five years.

“Admission rates are higher with a leave or liberty in foreign parts than in this country. Whenever commercialized prostitution is looked upon as a necessary institution by the community, admission rates are higher among the naval personnel coming in contact with that community, whether local government attempts segregation and requires medical inspection or merely tolerates prostitution does not seem to affect the incidence of disease.”

The admission rate for general paresis per 1000 men was .147 as compared with .088, the mean admission rate for the preceding five years. These figures represent a 67 per cent increase above the average rate of recent years.

The Cummins-Vaile Bill.—A bill introduced in the Senate on January 30th by Senator Albert B. Cummins of Iowa and in the House on February 1st by William V. Vaile, Congressman from Denver, Colorado, has for its object the legalizing of the transportation by mail of information concerning means of contraception. The bill removes the subject of contraceptive knowledge from the classification with obscenities where it now stands under federal laws and, as a health protective measure, requires expressed medical endorsement for all contraceptive instruction transmitted by public carriers.

The latter object is accomplished by the addition of a new section to the criminal code:

“The transportation by mail or by any public carrier in the United States or in territory subject to the jurisdiction thereof of information respecting the means by which conception may be prevented, or the means of preventing conception, is hereby prohibited except as to such information or such means as shall be certified by not less than five graduate physicians lawfully engaged in the practice of medicine to be not injurious to life or health. Whoever shall knowingly aid or abet in any transportation prohibited by this act shall be deemed guilty of a felony, and upon conviction thereof shall be fined not more than five thousand dollars or imprisoned for not more than five years or shall be punished by both such fine and imprisonment.”

The further sections of the bill provide for the amending of the federal obscenity statutes by striking out the words “preventing conception” wherever they occur. This affects sections 102, 211, 245, and 312 of the Criminal Code and the Tariff Act of 1922, section 305, which prohibits the importation of any of the obscene things listed in section 211 of the Criminal Code.

English Policewomen Commandant to Visit United States.—Commandant Mary S. Allen of the Women’s Auxiliary Service of London, England, formerly known as the Women’s Police Service, will arrive in New York from England about April 21st. During her visit here the Commandant expects to make a special study of the system of Night Courts and Women’s and Children’s Courts as administered in this country, with a view to comparison with the English system. She is particularly interested in the development of the policewomen

movement in the United States. Her lectures here will afford an opportunity to Americans interested in protective social measures to gain a practical insight into the policies of administration of the Women's Auxiliary Service in the police department of London.

Commandant Allen is a member of the following councils and committees in London: the Joint Parliamentary Advisory Council of the sub-committee on Young Prisoners in the Home Office; the National Council for Combating Venereal Disease; the League of Nations Union, Women's Advisory Council; and the National Council for the Unmarried Mother and Her Child.

Report of Cincinnati Social Hygiene Society.—The sixth annual report of the Cincinnati Social Hygiene Association shows a grouping of activities along two main lines of endeavor, the Educational and the Protective Social Measures. During the year just passed a number of public meetings were held in Cincinnati to discuss problems in social hygiene relating to education, recreation, delinquency, disease, legislation, and probation. Specialists in social-hygiene problems were present to speak at each of these meetings. Aside from public assemblies, meetings were held with the various parent-teachers associations and school faculties, civic organizations of women, factory workers, church groups, ministers, and Y. W. C. A. leaders of the city.

State activities included the sending out of a letter in coöperation with the State Department of Education to educators, presidents of parent-teachers associations, and health officers asking them to read the pamphlet "Social Hygiene Education" and to state whether they would like to have meetings in their several communities for the discussion of social-hygiene problems. The number and type of the meetings requested were as follows:

"Fifty-five suggested small, discussion groups of representative citizens; seventy-five suggested faculty meetings and the same number asked for parent-teacher meetings; while there were sixty-seven requests to have the subject presented to students, for the most part boys in high school."

Coöperation with municipal institutions to protect the community against venereal diseases and at the same time to render assistance to the individuals concerned was discussed. The work consists largely of: (1) Coöperating with the police, the municipal court and the city health department which are able to fight venereal disease through law enforcement and by medical measures; and (2) acting as a clearing house between these institutions and such private social

agencies as are at times confronted with problems concerned with the venereal diseases.

"Most of the cases brought to the attention of the Social Hygiene Society come from the police court. During the past fiscal year there was a total of 1667 such cases. At least half of the women who are arrested and brought into this court are either charged with a sex offense or have a court record which involves such an offense. Our representatives are present every day in this court and keep card records of the women. The judges frequently use these records as aids to their disposition of 'repeaters.' In the case of first offenders the judges often use members of our staff as investigators while such cases are pending."

Through the activities of the society interest was also aroused in reestablishment of the venereal disease quarantine ward at the General Hospital, with the result that a large number of infected women were remanded for treatment. In a questionnaire sent out, it was found to be the opinion of the local physicians that as a result of educational publicity given, the prevalence of the venereal diseases has decreased.

Montreal to Bar Objectionable Magazines.—A news article in the *Montreal Gazette* of March 10th states that certain objectionable magazines will be barred from Montreal news stands when the question of their control comes before the committee of aldermen after the municipal elections in April. The chairman of the committee is said to have had a list prepared of all United States magazines passing through the Canadian mails. After the magazines have been examined a report will be prepared for the city council with recommendations that such as are objectionable shall not be permitted to be sold in Montreal.

National Vigilance Association in Cairo.—An appeal by Judge McBarnet, President of the National Vigilance Association in Cairo, for the support of the work done in Egypt, is based on the effectiveness of the work which has been carried on in three main directions: The providing for the rescue and temporary maintenance of young girls who have taken their first steps in delinquency but who have not yet entered prostitution; the checking of the spread of the venereal diseases by spreading knowledge of their danger and by providing facilities for medical treatment; and by efforts to rehabilitate the victims of the white slave traffic.

May Day for Child Health.—The American Child Health Association is preparing for special educational effort to emphasize the importance of child health throughout the country on May 1. By means of the press, the motion picture industry, and radio broadcasting stations the public will be encouraged to think definitely in terms of child betterment through emphasis upon such health measures as water inspection, pure milk, regular health examination for children and mothers, dental hygiene, increasing hospital facilities, supporting state and local health officers, advancing sound health legislation and other steps toward a better community life.

A number of local observances to visualize the ideal of child health are being planned and a Plan Book put out by the Association is available for those who are interested in community observances.

Proposed Legislation for the Protection of Children in England.—A bill brought forward by the new labor government in England proposes the consolidation, the extension, and amendment of the existing children's acts as well as the criminal law amendment act and certain provisions of the offenses against the persons act. A blow is aimed at the White Slave Traffic by prohibiting the sending abroad of any person under the age of sixteen years for the purpose of gain.

The penalty for cruelty to children is to be raised from two to five years' imprisonment. The age of competence for crime is raised from seven to ten years, and the age at which it is legal to give intoxicating liquor to children except under medical direction is to be raised from five to ten years. Marriage is to be prohibited under sixteen years of age. A more thorough system for the supervision of children in foster homes is also provided for in the bill.

Activities of Illinois Social Hygiene League.—Work in the colored neighborhoods of Chicago has come to be an important feature of the programs undertaken by the Illinois Social Hygiene League. Activities have included a series of talks on venereal diseases to employees of six different packing plants, work with high school boys, boys' clubs in the Y. M. C. A., and groups in various colored churches. In coöperation with the Pullman Company a venereal disease survey of its employees was arranged and all those found to be infected were admitted to the League clinic for treatment.

Of continued value to the citizens of Chicago and to others interested in public health problems has been the publication since October,

1923, of a diminutive news bulletin, *Everybody's Business*, which keeps its readers informed of matters regarding the control of vice and the venereal diseases in Chicago.

Plans are now being made for a survey of congenital lues in the seventy-eight children's institutions, housing 5000 children, in Cook County, Illinois.

Brazilian Foundation Aids Government in Venereal Disease Control.—The following report on the newly established Gaffrée-Guinle Foundation in Rio de Janeiro has been received from official sources.

The eminent Guinle family of Rio de Janeiro, wishing to accomplish in Brazil a philanthropic and at the same time patriotic work, has given a munificent sum to establish a foundation on the model of private foundations for philanthropy and research in the United States.

The Foundation will coöperate with the National Department of Public Health in Brazil in the campaign against venereal diseases in the federal district.

The organization has also in mind the fight against cancer and for this purpose has already entered into an agreement with the "Oswaldo Cruz Foundation" to supply the necessary funds for conducting the campaign. But a greater sum has been set aside for the fight against the venereal diseases, in collaboration with the Inspectoria de Prophylaxia da Lepra e das Doencas Venereas, and a contract has already been signed with the governing body of this organization.

The clearly expressed aim in the organization of the services of the Gaffrée-Guinle Foundation in regard to venereal diseases is to help the Government in the campaign against these well-known evils, which cause much damage to health and to the economic life of the country.

Coöperation will be in accordance with the official organization of the anti-venereal services. The Foundation, however, will not limit its program to furnishing to the government the houses for clinics and hospital facilities, which are already in course of construction, but will shortly found an institute for scientific research, and the manufacturing of medicines used in the treatment of venereal diseases. In this latter respect the proposed organization will have no equal in the world. The activities will include work in the several dispensaries and the large hospital of the Mariz e Barros Street and in the Research Institute.

Besides the dispensaries belonging to the Public Health Service, which will have full liberty in locating them, the Foundation will create and maintain jointly with the official service several dispensaries or ambulatories in the Federal District, of the following types:

1. A dispensary where general treatment for venereal diseases will be given. Men, women, and children will be given treatment during the day and during the night. This dispensary will be similar to the twenty dispensaries already existing in the federal district.
2. Specialized dispensaries.—It is known that certain lesions of syphilis, for example, nervous lesions and cardio-vascular, when treated in the beginning and intensively, can often be arrested and sometimes eventually cured. Therefore it is necessary to create and maintain dispensaries. Two of these are already founded and function regularly; one, the "Afranio Peixoto," annexed to the National Hospital for Insane in Praia Vermelha, and the second, in the Hospital for Insane of Eugenio de Dentre, to serve respectively the urban and the suburban zones.

In the general hospital there will be clinics for several specialties, namely, eye, throat, internal diseases, and gynecology. They will direct the patient to the dispensary in which the case can be most conveniently treated.

The large hospital for venereal diseases is already under construction. An area of 18,000 square meters in space has been set aside on Rua Mariz Barros for this. It is calculated that the total expenses for this hospital and annexed institute will exceed 10,000 contos de reis, by the time the equipment is installed and the organization is running efficiently. The hospital will have 250 to 300 beds for patients with syphilis, gonorrhea, and soft chancre, in their serious forms and for complications requiring that the patient be interned. A complete surgical service will be installed to supplement the efforts of the other members of the staff personnel. A service of assistance to pregnant women and for the prophylaxis of hereditary syphilis will be maintained by a maternity service and by a day nursery. In the latter named the children will be treated. In the maternity service prenatal treatment will be given to women with venereal diseases which are likely to effect more serious complications.

Annexed to the hospital, there will be a complete installation for

physical therapy, comprising electrical applications in all forms, with a special room, like a gymnasium, for muscular reëducation of patients suffering from tabes dorsalis and for other physical treatments which have not yet been introduced into Brazil. A section destined exclusively for prostitutes, entirely separated, with wards and separate rooms, and independent garden, completes the service of assistance for venereal patients in the main hospital.

The Research Institute will be installed with complete modern apparatus. Planned on a very large scale, it will attend not only to routine work, but to all other scientific requisites relating to the study of the diagnosis and therapeutics of the venereal diseases and will be a center of studies at the disposal of specialists, Brazilian and foreign, who may wish to make there any researches or observations in keeping with the scientific interests and the aims of specialization of the institute. This center will comprise several sections as follows: serology, bacteriology, anatomy, pathology, chemistry, physiology, and experimental therapeutics.

It is planned to manufacture in the institute all medicines employed in the treatment of the venereal diseases.

There will also be other sections, namely, the residence of the director, and of the internes, the chapel and the morgue.

The administration of the Gaffrée-Guinle Foundation will consist of the board of the Foundation, the director of the National Department of Public Health, a representative of the Guinle family, and a specialist of acknowledged ability, preferably a professor of the School of Medicine of Rio de Janeiro. For this important position Professor Eduardo Rabello has been chosen. A second specialist, Dr. Gil Berto de Moura Costa, will aid in the direction of the hospital.

The German Youth Movement.—There is an increasing belief in Germany that the growth in power and influence of the *Freideutsche Jugend* furnishes a new challenge to the age long dominance of age and maturity over youth.

Wyneken, one of the foremost leaders of the movement in its earlier stages, states the problems as follows:

“Youth forms a part of thinking humanity just as womanhood does, consequently it has a right to a spiritual existence. Is it really so absurd to think of humanity concentrating the whole of its activity at least for a period of life on the liberating of childhood and youth

from the struggle for existence, and on inspiring in the rising generation a nobler, purer, and finer outlook."

At an assembly held in 1913 on the occasion of the celebration by adults of the centenary of the battle of Leipsig, it was asserted that: "The most patriotic duty of youth is to develop freely its 'ego' in order subsequently to devote it entirely to public service. We wish for simplicity, sincerity, purity, and rectitude in the place of an unnatural and constrained existence; we wish for sense of responsibility in the place of narrowminded egoism."

The movement, in spite of revolt against everything connected with the old order, has not been able to steer clear of class distinctions, so that there are two distinct sections of the movement as regards class, the proletarian and the bourgeois. In spite of divergent opinions which are always freely discussed a central committee has been appointed by the representatives of the several associations which are federated in the movement, religious, independent, professional, and political organizations belonging to different parties, representing about three and one-half million young people.

Erich Stern in *Zeitschrift für Angewandte Psychologie* of recent date points out the danger that the essential characteristics of the movement may be lost through the variety of associations entering into it and the influence exerted upon it from without by political and social organizations.

All India Social Workers Conference.—The fourth session of the All India Social Workers Conference which met in Bombay in November, 1923, brought together social workers from all parts of India, men and women belonging to various creeds and communities and specializing in different social activities. Under the leadership of Dr. Annie Besant, President of the Conference, the whole program of social work in India was reviewed for the purpose of furthering the coördination of activities of the many social agencies at work and for adapting the methods employed in social work to the peculiar needs and conditions of the Hindu people. The need for the training of social workers was emphasized and a survey of the existing social service organizations and charitable institutions was decided upon as a step necessary to the further coöperation of existing agencies.

The following resolutions regarding the control of prostitution were passed:

(a) While noting with satisfaction the increasing interest that is being taken by the general public in checking the curse of prostitution in India, this Conference appeals to the public to cultivate a more generous and sympathetic attitude towards the victims of this great evil and give all possible support, moral and financial, to start educational and social organizations to enable its victims to become honorable and contented fellow-citizens.

(b) This Conference urges on the public to insist on an equally high standard of morality for both the sexes, and not to countenance such social customs as lead to prostitution.

(c) This Conference is of opinion that the evil should be combated by:

1. Legislation to make commercialized prostitution, procurement, solicitation, and the keeping of brothels penal offences;
2. The administration of such legislation with the coöperation of non-official social workers;
3. The organization of special institutions for the rescue and reformation of the victims of the evil;
4. The adequate provision of medical facilities to treat venereal diseases; and
5. Educational propaganda to disseminate correct knowledge of moral and physiological laws of life, hygiene, etc., and the urgent necessity of the provision of cheap and adequate housing facilities by municipal and employers' effort in industrial centers.

(d) This Conference recommends the formation in all provinces of non-official vigilance associations; and it also recommends that such bodies should be assisted by local Governments with such powers as may be necessary to attain their objects and with adequate finances to undertake propaganda, to supervise the administration of enactments for the checking of prostitution, to train rescue workers and run rescue homes on non-denominational lines.

(e) This Conference draws the attention of provincial governments which have not yet attempted any legislation against commercialized vice, to Bombay Act IV of 1923 and urges on them that Acts on similar lines be passed for their respective provinces.

Influence of Unfavorable Environment upon Heredity.—Dr. Max G. Schlapp, Director of the Children's Court Clinic of New York City, has made announcement of the results of his researches as to the causes inducing congenital malformation and deformities in children (*Journal of Heredity*, December, 1923). Dr. Schlapp is strongly inclined to the opinion that unfavorable home surroundings and external conditions inducing mental disturbances in the mother may have a decided effect upon the physical and mental characteristics of her offspring.

“Recent studies of mentally defective children and their mothers have served to emphasize the fact that prenatal pathological con-

ditions in the female parent are responsible for certain definite malformations in the child. These investigations have thrown light upon the causation of many obscure defects and deformities, more specifically they have proved, for the first time, that to certain chemical imbalance in the blood of the mother can be traced many of the strange, monstrous, unfortunates who have been born in the world and of whose peculiarities history had defied any explanation outside of the realm of superstition."

Among the external conditions which tend to produce physical and emotional imbalance in the mothers are the disturbing circumstances surrounding them in occupations outside of the home.

"Nothing is more certain than that woman is especially adapted by nature to the anabolic process of storing up energy to be used in the function of child creation and nourishing. It is obvious that, if this energy, instead of being used for the process for which it was designed, be diverted to another process the organs which were created for and adapted to the original process will undergo a change comparable to rust.

"But the problem is not merely one of the mother's misspent energies and exhausted forces. The emotional side of a woman's life is quite as important a factor in this connection as the physical side. The constant shocks to which a woman is subjected in industrial and business life have the effect of upsetting her glands and nervous system. She is ill adapted to the struggle for subsistence and her projection into the vortex of industrial life is daily proving a more and more serious menace to the future of the race."

Mme. Adouard Krebs-Jappy.—On December 20, 1923, occurred in Paris the death of Mme. Adouard Krebs-Jappy, a young physician who devoted much of her time to the furthering of medical social service in France. She was the author of two books in this field, *Hospital Social Service*, a translation of which was published in the December issue of *Hospital Social Service*, and *The Nurse*, a handbook for French nurses. She was also a factor in the founding and publishing of *The French Nurse*, a small monthly magazine for nurses.

Mme. Krebs-Jappy was an active worker in the section of hygiene in the French National Council of Women and in the League of Red Cross Societies. She was particularly interested in the social-hygiene program of the United States and kept in close touch with its development.

The Social Hygiene Council of Chicago.—The Social Hygiene Council of Chicago was formally organized on February 19, 1923. Several meetings were held and conferences of an educational nature conducted, but owing to lack of funds activities were temporarily suspended some months later. However, on November 1st, Dr. Rachelle Yarros, who had been elected Chairman of the Council in February, called together the executive committee and reported that a fund was available from the Public Health Institute of Chicago, for educational work, upon request of the executive committee. Dr. Yarros, who had by her own efforts secured the fund, was authorized by the committee to accept on behalf of the Council, and to begin the preparation of a program for the coming year.

On November 16th, a meeting of all those who had formed the original Council was called. Present were representatives of all the social agencies, civic clubs, and educational bodies interested in the problems of social hygiene. At this meeting Dr. Yarros put before the group the following program, consisting of six features:

- I. The education of parents in matters of sex hygiene in coöperation with the school system.
- II. The organization of round-table groups for the study of social hygiene in the three organizations: namely, the Chicago Woman's Club, the Women's City Club, the League of Women Voters.
- III. The organization of a conference for lay women for the purpose of informing the public through understanding lectures regarding social-hygiene problems.
- IV. The arranging of suitable meetings in the evenings for working girls.
- V. The planning for lectures to young women in the industrial concerns.
- VI. The holding of regular monthly meetings of the Council itself, for the enlightenment of its own members on social-hygiene subjects, including the presentation at such meetings of reports of the work of the various agencies primarily performing services in the social-hygiene field.

This program was unanimously approved, and the chairman set to work immediately to carry it out.

Under the first feature, sex education for parents, the Council first obtained the approval of the Superintendent of Schools, who ex-

pressed his sympathy with the plan, and suggested that the details of the work be carried out through the parent-teacher associations. Through the coöperation of Mrs. Buhlig, President of the Chicago District of the Illinois Council of Parent-Teacher Associations, Dr. Yarros was given the opportunity to present the plan to the presidents and delegates of the Chicago district at their meeting in November. The next day a follow-up letter was sent out. In spite of beginning so late in the season, when most of the programs for the year were already filled, the letter brought in about thirty replies, all asking for lectures. With each parent-teacher organization that applied for the lecture a plan for publicity was worked out. The Social Hygiene Council has had announcements printed for distribution throughout the schools. These have been sent to the principals, who have in every case given the fullest coöperation, and the announcement has been distributed by the teachers to each child to take home to his mother. The Council printed and distributed over 12,000 of these notices. In her talks Dr. Yarros has already reached over 1,200 mothers and the film has been shown to about 400 more.

In addition to this work with mothers, conferences have been arranged with the deans of women of the high schools in order to find out how best to reach the high school teachers.

Under the second item of the program, the organization of round-tables in the women's clubs, the Chicago Women's Club now has a very active group which is making a thorough study of social-hygiene problems; the Woman's City Club is working through its social-hygiene committee, and has organized this committee into groups for court visiting. Both groups are meeting once a month. Coöperation with the Chicago League of Women Voters Forum has consisted of a series of talks which were presented in February, the first being the presentation of the film for mothers, the second a round-table discussion of recreation and its relation to sex education, and the third a discussion of "What Are Our Sex Problems?"

The third feature, the lay conference, is now being planned for two days in April. It is to be under the joint auspices of the Chicago Woman's Club, the Women's City Club, the League of Women Voters, the Chicago Woman's Club, the Catholic Women's League, and the Social Hygiene Council.

Under the fourth feature, "evening meetings for working girls," two very successful meetings have been held, one organized entirely

by the girls themselves, and the other being a meeting of the Women's City Club Auxiliary, where about one hundred girls were present. An important feature of the latter meeting was the use of the question box.

Plans for lectures to the young women in industries are being formulated. Most of this work will be done in the summer, when it is impossible to work with the schools.

The Council has held its regular monthly meetings, except in the month of January, and its last two have been very successful luncheon meetings at which about twenty-five representatives of the various social and civic organizations have been present. In November, a letter explaining the new activities of the Council was sent to thirty-nine organizations and clubs in the city, asking them to delegate one person to regularly represent them at the meetings. Twenty-five replies were received.

The organizations now sending regular representatives to the Council are: Illinois Federation of Women's Clubs; Sixth Ward League of Women Voters; Central Free Dispensary; Chicago Woman's Aid; Institute for Juvenile Research; Infant Welfare Society; Illinois Society for the Prevention of Blindness; Juvenile Protective Association; Council of Jewish Women; Illinois League of Women Voters; Juvenile Court; Illinois Children's Home and Aid Society; Michael Reese Dispensary; Illinois Training School; Social Service Department, Cook County Hospital; Chicago State Hospital, Social Service Department; Illinois Social Hygiene League; Chicago Woman's Club; Women's City Club; United Charities; Catholic Women's League; Morals Court; Public Health Institute; Visiting Nurse Association; Council of Social Agencies; Young Women's Christian Association.

Turkey's Unveiled Women.—A communication from the Constantinople correspondent of the *Indian Social Reformer* cites the following incident as evidence of the strong hold which modern feminist ideas have on the progressive thought of Turkey's officials:

A curious case came before the Tribunal of Independence on Sunday, when a young hodja* named Ibrahim Effendi, who was arrested for preaching in the chief mosques, was charged with action calculated to disturb national harmony and excite the public against the existing liberal laws. He was further charged with the publication of a pamphlet against the emancipation of women, especially their uncovering the face and entering the professions, wherein Ibrahim

* A hodja is a teacher in a Turkish secondary school attached to a mosque.

attacked the modern progressive education of the country. The accused had preached in St. Sophia.

The prosecutor demanded the maximum sentence of two years' imprisonment, saying that the black forces of those turbaned hodjas who tried to oppose national progress must be uprooted. The prisoner was sentenced to one year's penal servitude.

The establishment of family laws more in accordance with modern ideas is being considered by Turkish Assembly Commissions. A message from Angora says that the Judicial Commission which is examining the new Family Rights Bill favors instituting recourse to the law courts for divorce instead of the present method, whereby a private announcement, with the restoration of the dowry, suffices.

Another contemplated reform is the suppression of permission to marry more than one wife, which permission is rarely sought to-day. These principles in favor of up-to-date marriage conceptions will be urged by the deputies when the project comes before the Assembly.

Congressional Appropriation for Venereal Disease Control.—It was reported from Washington, D. C., under date of March 28, 1924, that the conferees of the Senate and House Committees on Appropriations have agreed to the Conference Report on the Treasury Department Appropriation Bill. The item of \$149,000 for maintenance of the Division of Venereal Disease in the Public Health Service has been restored to the bill by the conferees.

If this action of the Senate is confirmed by the House, the effect will be to permit the U. S. Public Health Service to continue its activities in venereal disease control; permit its coöperation with State Boards of Health; and continue its clinical and research work.

California Study of Girl Delinquents.—The California Bureau of Juvenile Research has recently issued a report of the study of the individual and family histories of 341 young girls, inmates of the Whittier State School.

As to the physical condition, "the girls who find their way into our groups are for the most part particularly robust, well developed, and comparatively free from organic defects. In many cases it is their very excess of vigor and their enthusiastic response to life's instinctive needs which seem to have brought them into conflict with authority." The routine entrance examination showed that 54 per cent of the girls showed venereal infection; 45.5 per cent gonorrhea and 8.8 per cent syphilis.

Classification of causes for commitment showed the majority of the

girls to be sex offenders, with the next largest number committed for incorrigibility which often includes sex offenses; only a negligible percentage were committed for offenses against persons or property. In addition to the usual intelligence tests, study was also made of the temperaments of the girls who were under observation for any considerable period of time. The term "temperament" was used as descriptive of the prevailing mood of the girl. Careful observation by matrons and teachers combined with simple tests resulted in the classifying of 4.1 per cent as phlegmatic; 8.8 per cent as calm; 18 per cent as moderate; 52.3 per cent as active; and 16.8 per cent as "excitable."

"Inasmuch as 69 per cent of the group are rated as active or excitable it might not be unfair to conclude that excess of energy and drive taken in conjunction with a somewhat dull and backward intellectual equipment and often inferior home conditions furnish a good basis for delinquency."

Sixteen per cent of the girls had lived from one to ten years in institutions before they were committed. More than one half had come from homes that were broken by divorce or by the death of one or both parents. In many cases it was found that parents had contributed to the delinquency of the girl and in very few cases had any appreciable efforts been made to prevent delinquency.

The Missouri Social Hygiene Society.—The annual meeting of the Missouri Social Hygiene Society was held in St. Louis on January 25, 1924, at which time the chairmen of the various committees reported and officers for the new year were elected. The activities of the society have increased both in scope and efficiency during the past year and the reports credit much of this progress to the effective efforts of Mr. Charles E. Miner, Executive Secretary, and the committee members.

The newly elected officers are: Honorary President, Dr. George R. Dodson; President, Dr. Martin F. Engman; Vice-presidents, Mrs. George Gellhorn, Dr. F. H. Everhardt, Dr. Frances L. Bishop, Mr. J. Lionberger Davis; Secretary-Treasurer, Mr. E. C. Rowse.

As chairmen of the various committees the following were elected:

Recreational Measures, Mrs. Ira Bretzfelder; Educational Measures, Mrs. Evarts A. Graham; Medical Measures, Dr. M. T. Burrows;

Legal Measures, Mrs. George T. Gellhorn; Public Information, Mrs. Virgil Loeb; Protective Measures, Mrs. D. O. Ives.

Home Life of Psychopathic Delinquents.—From facts gained by a recent study of delinquents in Cincinnati Mr. Franklin S. Fearing in "Some Extra-Intellectual Factors in Delinquency" (*Journal of Delinquency*) concludes that problems of adjustment can not be expressed solely by differences in intelligence but that emotional make-up may be just as influential in determining delinquency or normal adaptation as the intellectual factors. As an example of the influence of wholesome family life upon the ability of the emotionally unstable individual to make the necessary social adjustments Mr. Fearing points out that of the group of delinquent children diagnosed as psychopathic in the study only one third were found living in their own homes with their own parents at the time they came to the attention of the social agencies in contrast with 58 per cent of the normal and dull normal children who were living in their own homes with their own parents. It was found furthermore that of the psychopathic delinquents nearly 50 per cent were only children or had but one brother and sister and more than twice as many of the children of this group come from small families as do the normal or feeble minded children. The suggestion is made that relief from the necessity of constant adaptations to various personalities within the home may result in an inability to make the necessary social adjustments when the individual becomes involved in the larger and more complex relationships of the community. A scheme designed to grade the homes from which the delinquent children are derived shows that the social status of the psychopaths was not an inferior one so far as material conditions were concerned; only in the relation of parents to each other and to the child was there evidence of inferior home conditions.

The New Morality in Modern Fiction.—Mr. Stuart P. Sherman in "A Conversation with Cornelia" in the January, 1924, number of the *Atlantic Monthly*, analyzes some of the causes underlying the revolt in modern fiction against conventional sex attitudes of the early Victorian period.

Among these he places the skepticism with regard to all legal and conventional aspects of chastity which was bequeathed by the Wells-

Galsworthy school of novelists to their younger successors who have revelled in anarchical moral individualism and proceeded to paint many "frothily wanton pictures of frothily wanton younger sets" in which chastity is taken lightly because everything else is taken lightly. In the new order too, women are apparently insisting upon a single standard of morals—the masculine standard—and are practising it with impunity. They are coming more and more to discard the Puritan standard with its moral valuation of life and are substituting therefor an æsthetic philosophy of life whose doctrine is:

"You can't be sure that any act will yield you happiness; you can't be sure that any act will be virtuous; you can be sure that every act will yield you experience. Let us go in for experience and value our acts according to the quantity and intensity of the experience which they yield."

Mr. Sherman believes however that out of the present chaotic state of moral thinking new standards will emerge as a result of the present freedom in the discussion of sex and sex problems.

As to the future he says:

"I hope that in the early states of the counter-revolution our sophisticated sons and daughters will scrutinize the idea of sex; coolly extract from it the part that belongs to physiology and pathology and then disuse the word for every other human relationship which sometimes makes human beings paradisisally happy in their blossoming season and content enough with each other even in wintry old age. I have some hope that our emetic school may help our children to understand that sex and self-realization are not in the long view, the main substance of what youth hungers for."

The Italian National Committee.—A meeting of the Italian National Committee for the Suppression of Traffic in Women and Children was held in Milan early in November, 1923. Prominent among the topics brought up for discussion were: Women Police; Protection of Infants and Unmarried Mothers; and Sex Education. The consensus of opinion of the Committee was that public opinion and the character of the Latin countries were not favorable to women police, and resolutions were passed urging that the work of women be limited to auxiliary institutions for safeguarding morality and helping minors and women. However the proviso was made that the exclusion of women from the office of the emigration inspectors be revoked. With regard to illegitimate infants and unmarried mothers the committee recommended that assistance be given by trained women social workers; that maternity homes be established in the various provinces, and that these homes should have women inspectors who would not

only give attention to conditions in the institutions but supervise the placing of children and their follow-up in foster homes.

The Committee passed resolutions declaring that the only hope of improving conditions for future generations lies in sex education of the young. Regulation of prostitution was declared to be ineffective in regulating the social evil and abolition of brothels and vice districts was urged. Professor Levi of the Italian Institute of Hygiene suggested that sex education should hold in the sphere of education an importance proportionate to that held by the sex relationships in life. A comprehensive program of sex education was outlined which would include plans for educating parents, teachers, doctors, ministers of religion, nurses, social workers, employers and employed and their federations, military authorities, and school teachers. A less intensive but widespread action in regard to the adult community in order to secure the support of measures tending to make wholesome surroundings for young people in their work and recreation was urged.

Liberal Thought of Social Workers in India.—Resolutions passed at the recent meeting of the Indian National Social Conference held in Cocanada indicate the important place which questions of social hygiene hold in the minds of the leaders of progress in India. The *Indian Reformer* (Bombay) for January 12, 1924, reports them as follows:

I. That the caste system, as it now prevails, being based purely on presumed birth is contrary to the spirit of national unity and brotherhood and must therefore be abolished.

II. That the custom of treating certain castes as untouchable merely on the ground of birth is monstrously irrational and irreligious and that the depressed classes should be helped by suitable social service by the caste Hindus at least in partial discharge of the long-standing obligation to the depressed classes who should also be allowed all the privileges in public temples granted to caste Hindus as such.

III. That educational facilities should be granted more largely to females and all invidious distinctions as regards rights and privileges in religious, social, political, and vocational matters between the two sexes ought to be abolished.

IV. That injurious marriage customs such as early marriage and immature parentage through early consummation, enforced widowhood, and exaction of prices for brides and bridegrooms should be abolished and that unnecessary and artificial restrictions in the choice of brides and bridegrooms should be abolished by making the selection as wide as possible, consistent with eugenic and hygienic principles, even by legislation if necessary or advisable.

V. That the custom in certain Hindu castes under which the women do not marry but are dedicated to an immoral life as Devadasees or under other names should be abolished and they should be incorporated into communities following the ordinary social rules as to marriage and that an asylum should be started for the children of those who followed the profession.

VI. That the use of intoxicating liquors and drugs except for medicinal purposes be completely given up by the Hindu Community.

Bombay Widow Marriage Association.—An association exists in Bombay for combating the prejudice which prevents the remarriage of a woman after the death of her husband or intended husband. This custom forbids remarriage or wholesome occupation for such a woman even though she may be a mere child in years and though the proposed marriage was never actually consummated. By direct and logical methods the organization seeks to promote the marriage of widows and then to point to successful second marriages as convincing arguments that dire consequences need not follow the violation of the ancient tradition.

An abstract from the minutes of the meeting of the Association shows somewhat their method of procedure:

“The Secretary read the monthly report of progress made in October. There were three widows willing to remarry and about a dozen applications from men had been received. Mr. Chunilal Maneklal Babu had sent a paper to be read requesting the Association to take up this work of pushing widow marriages among Gujarati Banias and Jains as it was very badly needed there; and that in these days there were many male members ready; and that the families who have one or two widows hiding in the kitchens should be apprised of this movement.”

A signboard setting forth the purpose and the accomplishments of the Association in English, Gujarati, and Marathi was kept on exhibition at the All India Social Workers Exhibition, Central Hall, in Bombay.

Census of Public Health Nursing.—The National Organization for Public Health Nursing is beginning to take a census of public health nursing which will, when completed, give the number of nursing organizations and the number of nurses employed in public health nursing in the United States on January 1, 1924. Each state is appointing its own census representative either through its state organization for public health nursing or through the public health

nursing section of its state nurses' association. The larger cities will have city census representatives. The census forms are to be sent out by the census representatives and returned to them, finally being returned to the national office for tabulation.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

VENEREAL DISEASE TREATMENT FOR VETERANS

*To the Editor:**

I am sending you an account of a case that came to our notice the other day and also a suggestion of the problem that it raises.

H. R. O., a country boy, was drafted and sent to Camp Dix. Because of his mental status he was detailed to the Commissary Department and served on the kitchen force. He was discharged in March, 1919, with information that he had a four-plus Wassermann due to an infection which he incurred while in service. Fifteen days later he was married. In the autumn a son was born which is living to-day and free from evident luetic stigmata. In November, 1921, his wife had a miscarriage, the fetus was badly macerated and the attending physician diagnosed lues as the cause. In June, 1923, another child was born which lived but seventeen days, and the attending physician in that instance gave congenital syphilis as the cause of death. His wife admits other conceptions which terminated tragically. H. R. O. is now suffering with epileptiform convulsions which until recently occurred most frequently at night, but now seem to be brought on by any unusual exertion. This condition has practically incapacitated him and he has sought treatment and compensation of the Veterans Bureau, both of which have been denied him because his condition is due to his misconduct while in service as defined in General Army Order No. 45. The problems involved are several.

1. This weak-minded man had he not been drafted in the Army may have continued at his farm work and never become infected. At least the temptations of camp life made more certain his infection.

* From a state health official.

2. While it was a valuable disciplinary measure not to honorably recognize incapacitation due to a venereal disease contracted while the man was in service, it may be a question whether that attitude should be continued against the individual when he becomes a civilian. Certainly its function as a disciplinary measure is terminated. Nor can it be hardly considered a wise economical procedure because, while it would cost the Government some additional funds to treat veterans infected with syphilis or gonorrhea and also to compensate them for the incapacitation from which they are suffering, will it not be more expensive for the Government some years from now to pay compensation or a pension to the widows and orphans of these infected veterans? Would it not be less expensive to treat the veteran and prevent the infection of his wife and the birth of defective children? We recognize, of course, as a civilian the infected veteran has a claim upon us for treatment and we are only too glad to give him the facilities of our clinics, but inasmuch as there are hospitals specially provided for the care and treatment of veterans under certain conditions, it seems difficult for them to content themselves with civilian accommodations while their comrades are being treated at these specially provided hospitals and clinics.

Our attention was called to another instance of this character where an ex-service man had been sent from some portion of the state to a veterans' hospital with a diagnosis of tuberculosis. The sanatorium physicians examining him could find no evidence of tuberculosis but instead diagnosed his condition as luetic. They were then obliged to turn him away from the hospital and could not care for him although he was in a very serious condition. The officer in charge of that section of the state appealed to me because this ex-service man was without funds and had a family to support. We arranged to provide him with anti-luetic treatment. I do not know the details of this case as well as those of the first case I described, but certainly the condition at present is as pathetic and as deserving of attention.

I wonder if similar cases have been noted in other states.

J. S. L.

SOME EUGENIC ASPECTS OF ILLEGITIMACY

New York City, N. Y., January 21, 1924.

To the Editor:

In the December issue of your JOURNAL there appears an article, "Some Eugenic Aspects of Illegitimacy," by Mr. Paul Popenoe,

which should, I think, be given careful consideration by all social workers whose tasks are complicated by the factor of illegitimacy. While granting the soundness of the argument of the author and other eugenists who advance the view that social problems would be greatly simplified if the propagation of the less fit elements of our population was effectively discouraged, nevertheless the admittedly "crude, harsh, and drastic" manner of accomplishing this end which seems to find favor in the article demands a careful examination of the author's premises to see if his conclusions are warranted.

The argument appears to me to be about as follows:

From the higher mortality rates of illegitimate infants and from the facts known as to the social, mental, and economic status of their mothers, it is safe to assume that the hereditary equipment of these infants is of such poor grade as to make efforts to lower their death rate or to mitigate the lot of the unmarried mother decidedly dysgenic in their effects. Therefore any efforts to remove the stigma of illegitimacy from the child or to improve the social outlook of the unmarried mother "must be looked upon with suspicion if not actual disfavor."

In his insistence upon preserving such of our mores as seem to make for the success of the eugenic ideal some very obvious questions of fact and justice seem to have been overlooked.

(1) Such evidence as we have points to the conclusion that the high death rate of children born out of wedlock can be explained in terms of the unfavorable surroundings of the mother during the pre-natal period and the handicaps of the environment into which these children are born, without need for recourse to the theory of their inferior heredity, since scrutiny of the facts with regard to causes for deaths of illegitimate infants shows that the major causes are due to diseases resulting from faulty or careless feeding consequent upon the early separation of mother and child. That is to say the data extant is not sufficient to warrant us in assuming that the hereditary equipment of the illegitimate infant is very greatly inferior to the hereditary equipment of the legitimate infant born of mothers of the same social and economic groups.

(2) We have no evidence that the treatment at present meted out by society to unmarried mothers lowers to any extent the illegitimacy rate in a given population. As late as 1702 Frederick the Great wrote to Voltaire that of the executions taking place in Prussia the

greater number were of girls "who had killed their infants, a lesser number of other murderers, and a few highwaymen." The social penalties for illegitimate motherhood during this period were extremely humiliating and severe, yet their imposition led not to the lessening of illegitimacy, but to the increase of infanticide.

Conversely, evidence submitted by the Children's Bureau of the United States Department of Labor shows conclusively that the number of illegitimate children born in civilized countries has steadily decreased in recent years, and that this decrease has been accompanied by a steady and determined effort to ameliorate the condition of unmarried mothers.

(3) As to protecting the institution of marriage by the ostracism or punishment of unmarried mothers it is not likely that in the present age of inquiry into the origins and purpose of our social institutions the spectacle of society wreaking vengeance upon a group of uncomprehending and immature little girls, for the most part under eighteen years of age, will impress any rationally minded individual with the justice or benevolence of the present order of society; since it is generally believed that the number of unmarried mothers in a community is not a fair indication of the number of women who have entered into irregular sex relation or even of those who have become illegitimately pregnant. Rather the unmarried mother group is comprised of those women who either had not the intelligence and foresight to escape the consequences of their misdeeds or who, perhaps, have not the courage or even the economic resources which would enable them to resort to a physician for abortion when pregnancy results.

(4) Such measures as ostracism of the unmarried mothers and the neglect of the ordinary means for safeguarding the lives of their infants leave out of consideration one very important factor entering into the whole problem, namely, the male parent. The author appears to deprecate efforts to hold him to a stricter accountability, saying that in many cases "the woman is quite as much to blame as the man" and that eugenic considerations force us to concede the fact that a man's legitimate offspring are of greater eugenic value than his illegitimate offspring. Here, it should be pointed out that such studies of illegitimacy as have been made seem to indicate that the men involved are usually older, of superior economic and social standing, and apparently the mental superiors of the women who

bear their illegitimate children, hence it could hardly be said that the "women involved are as much to blame as the men." But even if this point were conceded and the admission made that the blame should be equally shared by the parents of the child, that end could hardly be accomplished by the maintenance of the present order which Mr. Popenoe seems reluctant to change.

(5) The position taken in the article leaves out of consideration the production of those higher social values such as justice, consideration of the weak by the strong, and regard for womanhood which are the chief justification for our collective life. To what end shall we produce a race of beings of superior natural abilities if, in their production, we are forced to disregard those qualities of justice and consideration which have been the culmination of many ages of social evolution?

RUTH REED.

Coachella, Calif., Feb. 17, 1924.

To the Editor:

Illegitimacy is a problem well calculated to stir one's emotions, and the foregoing criticism of my paper is a good example of current attempts of socially-minded persons to rationalize their emotion on this subject. It is typical in that

(1) It relies much on the usual cant phrases, such as "society wreaking vengeance upon . . . little girls," "neglect of the ordinary means of safeguarding the lives of their children," "higher social values," and "culmination of many ages of social evolution," to quote but a few.

(2) It is concerned almost wholly with the present, without regard to the future: it is therefore shortsighted.

(3) It suggests no constructive, biologically sound program of action.

(4) It misinterprets the opposition—which in this case is my own paper.

Indeed, the critic seems not only to have misread many details, but to have missed entirely the purpose of my paper, which is to urge: (a) That more effort be directed to prevention of illegitimate pregnancies, instead of attempting mainly, as at present, to deal with their consequences; and (b) that cases of illegitimate motherhood be dealt with on their individual merits (which vary widely), instead

of by shotgun legislation which plants a few pellets in the target and an equal number in every other object in sight.

In an attempt to guard against misinterpretation, I took pains to summarize my paper at the end; and in so doing I insisted that "the difficulties and injustices arising in actual cases must be met as well as is humanly possible."

Personally, I think it is humanly possible to work out a better way for meeting them than by establishing a sort of legalized polygamy and discarding the higher social values of lifelong monogamy, which are the culmination of many ages of social evolution.

It ought not to be necessary to argue that higher social values are numerous, and that the many ages of social evolution have culminated not in a single point but in a great many co-existing and continually moving points. There is always a danger that a spectator, absorbed in the view, will see but one point at a time; and many of the "advanced thinkers" on illegitimacy suffer from this limitation.

All controversy on the problem is bound to be useful in the long run, and it is to be welcomed. The more of it there is, the sooner will the best solution of the problem be found. But the details of the criticism published above have all been met in my original paper, and the general trend of it does not seem to me to necessitate any change in my previous conclusions.

PAUL POPENOE.

ASSOCIATION NOTES

The program committee of the Biennial Convention of the American Nurses' Association, which will be held in Detroit from June 16th to June 21st, 1924, has announced a round table for the discussion of social-hygiene problems on the afternoon of June 20th. The general topic for discussion is "Milestones in the Progress of Social Hygiene." The program for discussion is as follows:

- I. General problems of social hygiene. History, developments, and methods. Comparison of this country with others by Dr. William F. Snow, General Director, American Social Hygiene Association, New York City.
- II. Rôle of the public health nurse in venereal disease control by Miss Mary T. Connolly, Superintendent of the Health Education Department, City Health Department, Detroit, Michigan.
- III. Milestones in the progress of social hygiene from a medical standpoint, by Dr. R. S. Dixon, Director of Venereal Clinics, Department of Health, Detroit, Michigan.

- IV. Social follow-up and nursing in a venereal disease program, by Miss Gladys A. Smith, Social Worker, Harper Hospital, Detroit, Michigan.
- V. The place of women police in the social-hygiene movement, by Miss Eleanora L. Hutzler, Deputy Commissioner, Department of Police, Women's Division, Detroit, Michigan.

* * * *

A campaign of education in matters of social hygiene planned to reach selected groups of every class of citizens was carried on March 4-14th in Toledo by the efforts of local committees working in coöperation with the city administration. The effort was noteworthy because of the splendid coöperation given by all agencies in Toledo, both public and private, having to do with the public welfare. The press, the churches, schools and various civic organizations united in an effort to secure the support of an intelligent and enlightened public opinion for the carrying out of a growing program for sex education and the solution of social-hygiene problems of Toledo. The moving picture theaters aided in giving publicity to the program.

Dr. Eugene L. Swan and Mrs. Martha P. Falconer of the Association staff were present to give lectures and hold discussion groups with civic organizations, parents clubs, league of women voters, nurses' associations, groups of industrial workers, boys' and girls' clubs, and other organized groups of the city. Conferences on sex education in the schools were held with groups of teachers by Dr. Benjamin C. Gruenberg.

As a result of this period of intensive work and publicity, plans have been formulated for a broader program of sex education and social-hygiene activities in Toledo.

* * * *

Mr. Franklin O. Nichols of the Association staff has recently returned from an extended tour through the middle West and South in the interest of public health education in relation to sex problems and vice conditions in individual communities. Mr. Nichols addressed groups of social workers and church people in Kansas City, Chicago, Milwaukee, and Wichita, and discussion groups were held for the consideration of local problems.

Lectures were given in the South in fourteen colleges for colored students, with an attendance of over 6,000 students. At each of the colleges faculty meetings were held for the discussion of methods of integrating sex education with courses already given in the curriculum. As a result of these faculty conferences plans were made for a

convention of college presidents and deans of women of the several colleges to be held at Hampton Institute for the discussion of sex problems of campus life and methods of sex education in Southern colleges.

As a continuation of the work already begun Mr. Nichols' services have been enlisted by the North Carolina State Board of Education and the West Virginia State Board of Education for a series of lectures in the summer schools of those states during the summer of 1924.

* * * *

The annual clinic held in the spring of each year at Tuskegee Institute, Alabama, by the John A. Andrew Clinical Society announces a registration of 104 physicians from all sections of the United States on the third day of the meeting. Among the features of the program has been the scientific exhibit of the results of medical research on venereal diseases which was furnished by the American Social Hygiene Association. Dr. John A. Kenney, Medical Director at Tuskegee, announces widespread interest on the part of physicians and others attending the clinic.

* * * *

About 200 people interested in the protective work for women and girls being done by the policewomen in city police departments were present at a luncheon given in New York City on April 7th by the Committee on Corrections of the Women's City Club. Mrs. Martha P. Falconer, Chairman of the Committee on Corrections, presided. The speakers included: Lieutenant Mina C. Van Winkle, Chief of the Women's Bureau of the Metropolitan Police Department, Washington, D. C.; Commissioner Richard E. Enright of the New York Police Department, and Dean George W. Kirchwey of the New York School of Social Work.

Dean Kirchwey spoke of the training course for policewomen executives, which is being given at the New York School of Social Work and in which the American Social Hygiene Association is coöperating, as a practical and scientific effort to meet the demands of police departments for specially trained policewomen. The addition of the course to the curriculum of the school was due to a response to an accumulation of requests over a period of three years or more for professional training for women in this field of service. The combination of scientific courses given at the school with the opportunity

for field work which the New York Police Department is coöperating in giving, he regards as a gratifying demonstration of the possibilities for adequate professional training for policewomen.

Among the special guests were Inspector Bolan of the fourth inspection district of the New York Police Department and Captain John Ayers of the Bureau of Missing Persons.

* * * *

Dr. Mabel Elliott of the Near East Relief, who has recently returned to this country for work in behalf of the refugee children in Transcaucasia, in Asia Minor, and Greece, was a guest of the Association at an informal staff luncheon recently. Her description of the disorganized life and the suffering of the depatriated people of the Near East on this occasion furnished ample evidence of the need for the relief work.

Dr. Elliott's efforts in behalf of the stricken people of Greece have received official acknowledgment by the Greek Government on several occasions. Her work for the refugee children has included among other things the direction of a hospital in the orphan city of Alexanderpol where there were 17,000 orphans, and later the supervision of relief work in Greece where there are 14,000 child refugees from Anatolia in American orphanages. In addition she was appointed by the Greek Government to head a quarantine service to check the spread of diseases which had resulted from the assembling of great numbers of refugees.

Mr. Fred Whitin of the Committee of Fourteen, New York City, also attended the luncheon, and talked to the Association's staff on the results of his recent study of vice conditions in London.

* * * *

BOOK REVIEWS

ADOLESCENT INTERESTS. A Study of the Sexual Interests and Knowledge of Young Women. By F. I. Davenport. Archives of Psychology. 1923. Columbia University, New York City. 62 p.

This pamphlet of sixty-two pages is the record of a study by objective methods of the sexual interest and the state of sexual knowledge in a group of 160 young women. These persons were students in a city training school for teachers, were high school graduates and members of middle and higher working class families. They averaged nineteen years and ten months in age.

A course in sex instruction had been requested by the students. In

determining what the contents of the course should be, the young women were asked to submit in writing, anonymously, questions which they desired to have treated in the course. This study is based upon the 880 questions submitted.

The questions as classified by the author, and the number of each, are distributed as follows: menstruation (164), copulation (101), child bearing (98), venereal and related diseases (77), sexual feelings and attractions (70), curiosity in regard to men and boys (56), reproductive and embryological processes (54), marriage (50), anomalous congenital conditions (42), sex instruction (30), preliminary sexual behavior (24), heredity and prenatal influences (20), abnormal sexual practises (17), prostitution (14), leucorrhea (13), superstitions (6), motherhood and parenthood (4), attitude toward sexual matters (4). (In addition to the six questions classed under "superstitions" there are twenty-seven having this character belonging to the various categories above.)

The author's analysis, display and treatment of the data are admirable, and insure that the pamphlet will be a source book for students, teachers, and social workers. It is quite out of the question in the limits of a review even to illustrate the excellence of the presentation.

The questions were further analyzed into "utility" questions and "curiosity" questions on the basis of the interest implied in the form of the question. Utility questions include classes involving (1) the goal of physical health and hygiene, (2) the ideal of healthful mental adjustments, and (3) in sex life, the ideal of love, marriage, and healthy and happy parenthood. Curiosity questions were analyzed as expressing intellectual or scientific curiosity on the one hand and "sexual" curiosity where sexual motives seemed more obvious.

The following summary of the more detailed classification of questions is suggestive:

1. Primitive sexuality group—including primary sexual feelings, tendencies, interest and acts: 253, or 29 per cent of the whole.
2. Acquired sexual interest group—acquired sentiments, forms, conventions, and behavior: 93, or 11 per cent.
3. Congenital conditions, child production, heredity, etc.: 208, or 23½ per cent.
4. Physiology and hygiene group—"non-sexual" interests: 296, or 33½ per cent.
5. Sex instruction: 30, or 3 per cent.

Without attempting in any way to record the author's partial or general conclusions from his data, the reviewer can doubtless best serve the immediate interest of the reader by bringing together a few of the more striking conclusions:

1. Except in the case of menstruation there was little evidence that the group had assimilated a positive hygienic point of view in reference to the genital organs and functions. That such interest is made impossible by ignorance and unsatisfactory sex training.
2. Only a meager amount of interest was expressed as to socially approved sexual forms of relation and conduct—as love, marriage, men as companions and beaux—topics about which girls of this age are supposed to have high interest.
3. Very little interest was shown in the problems of sex education, in spite of the fact that they were preparing as teachers.
4. Disproportionate interest was indicated in sex superstitions and in details of physiology and biology.
5. The interests showed specific trend clearly parallel to conditions in (1) the general environment, (2) special education, and (3) current popular social movements. This is seen (1) in the lack of questions about love, marriage, and sex-social behavior, reflecting the lack of provision for such interests in their general culture; (2) in the large number of questions about care during menstruation and about biological details; and (3) in the interest in birth control, venereal diseases, and heredity, all of which are well represented in recent propaganda.

It is to be hoped that this study is the forerunner of much scientific research about all the personal, social, and educational aspects of human sex and reproduction.

T. W. G.

ON THE VENEREAL DISEASES IN THE CZECHOSLOVAK REPUBLIC. By Hynek J. Pelc, M.D., C.P.H. Prague: The Printing, Publishing and Newspaperwriting Company, Limited, 1923. 205 p.

On November 25, 1921, the Ministry of Health of the Czechoslovak Republic voted to compile a survey of the control of venereal diseases in that country, to furnish a basis for the enforcement of the venereal disease law. The resulting report by Dr. Pelc, prepared originally in the Czech language, was translated into English to make it more

available to public health students and workers in Great Britain and the United States. Its value well warrants the time and energy devoted to this task.

The work falls into two parts, the first describing existing institutions for combating venereal diseases in Czechoslovakia, with recommendations for their betterment; the second outlines the problem as a whole and sets forth what may well be hoped for in future efforts directed toward its solution.

The program of the various organizations, both volunteer and official, as outlined in the study, show that there exists a keen interest in the Republic in efforts to minimize the spread of syphilis and gonorrhea. Their main emphasis, however, seems to be on giving information regarding the venereal diseases, and on furnishing opportunities for prophylaxis rather than on the constructive sex-education program which plays so important a part in the social-hygiene activities of the United States. Mention is made of the valuable work done by Dr. Olga Stastna in lecturing throughout the Republic, supplementing her message by showing motion pictures procured from the American Social Hygiene Association.

The complete failure of the attempted "regulation" of prostitutes is noted by the author. In his section "How Regulation Was Practised," he sets forth some particulars of the system's breakdown:

"The rules for the regulation of prostitution existed only on paper. Even in the city of Prague the rules have never been enforced. Inspection was practised in the houses of prostitution although it was against the rules. The inspections were made without the most necessary technical equipment, and when the woman was found diseased and sent to the hospital she was dismissed in the course of a few days because there was not enough room for her in the hospital.

"The inspection was made in Prague twice a week without the microscope and without a blood examination. There were cities where it was done three times a week, even every day in a few places. But the use of a microscope was a rarity.

"The signature which the physician had to enter into the book of every prostitute after the last examination, as testimony that she was not afflicted with venereal disease, was one of the most dangerous lies ever practised by the medical profession.

"The practice of regulation did not protect the women from being exploited by the owners of the houses of prostitution, as can be seen

from the accounting of the houses of prostitution which have now been closed.

“The abolition of regulation did away with a system which accomplished some little good against the spread of venereal disease, but which could not be improved because it had not a solid basis. This means, of course, that with the abolition of prostitution the work against this social evil has not terminated, but only started, and that a bad method was abandoned, but new means and ways must be initiated.”

Prostitution is now abolished by law, and the situation, though still a great problem, seems most hopeful. “The abolition of prostitution is gaining ground in Europe . . . and Czechoslovakia is apparently paving the way to a new idea by the abolition of regulation.”

The grouping of figures in certain of the tables is unfortunate inasmuch as it appears that an attempt has been made to compare statistics which are not fairly comparable. Such tables, for instance, as numbers 48 and 49 are confusing. In them the compiler used figures for different countries taken from records of different years as follows:

Country	Recorded in Year
Czechoslovakia.	1922
England.	1912
United States.	1919

A favorable or unfavorable inference drawn from comparing Czechoslovakian rates of 1922 with those of England for 1912 and those of the United States for 1919 is obviously of but little value.

The complete report, however, with its fifty-nine tables and forty diagrams, gives a most comprehensive picture of the social and medical aspects of this field of public health activities in Czechoslovakia. As a survey it evidences not only a genuine resolve to get the facts but also an earnest desire to apply them for the health and moral improvement of a people. A determination to adopt a well-balanced program, scientifically determined, and practical in application is indicated throughout the summaries and recommendations. Dr. Pelc and his collaborators in and outside of the Ministry of Health have made possible a definite advance in the public health efforts of a vigorous and aspiring nation.

R. H. E.

CRYSTALLIZING PUBLIC OPINION. By Edward L. Bernays. New York: Boni & Liveright, 1923. 218 p.

The book introduces a new profession, that of Public Relations Counsel, and discusses entertainingly, with interesting cases in point, its scope and functions, technique and method, and ethical relations. In a way, this book is itself a "crystallization" of much that is vaguely familiar in the thinking of advertising and publicity men, social workers, and others concerned with "public opinion," and hence is of value for this classification. It presents nothing new from the field of psychology, but puts into usable form a good deal of material not generally extracted from psychology textbooks.

In the words of the author, "Perhaps the chief contribution of the public relations counsel to the public and to his client is his ability to understand and analyze obscure tendencies of the public mind." There are some helpful suggestions toward analysis of these "obscure tendencies" based largely on Trotter's work, "Instincts of the Herd in Peace and War"; and "the appeal to the instincts and the universal desires is the basic method through which he (the public relations counsel) produces his results."

The production of Brieux's play, "Damaged Goods," in America, is cited as becoming "the basis of the first notably successful move in this country for overcoming the prudish refusal to appreciate and face the place of sex in human life."

P. S. A.

BRIEFER COMMENT

THE LITTLE BLUE BOOKS. Issued by Department of Health, Ottawa, Canada. 15 vol.

Fifteen booklets varying in size from 8 to 136 pages comprise this "Little Blue Books" series. These are divided into three headings, The Mother's series, The Home series, and The Household series.

Simple instructions and advice are tactfully given on the elements of hygiene, nutrition, the care of the home, clothing, planning of a house for town or country, placing emphasis on beauty, comfort, and convenience as well as sanitation. The subjects of First Aid, Cookery, Household Accounting, and Budget Making are also covered.

The make-up of the books is attractive. The type is large and clear. They are issued in French as well as in English.

In small compass the booklets give valuable information and wholesome advice on home making. The tone is optimistic and practical suggestions are given toward family harmony and for the elimination of petty frictions.

Though intended primarily for Canadian home makers, they are equally valuable for home makers in rural communities in this country.

WOMAN'S PHYSICAL FREEDOM. By Celia D. Mosher. New York: The Woman's Press, 1923.

A little book of 87 pages demonstrating how woman has overcome her traditional incapacity and physical weakness through education and a better knowledge of physiology. Her limitations, formerly supposed to be inherent in her sex, have been shown to be due not to sex but to other and removable causes. The modern woman has increased in height and weight, has proved herself fit for any work at any time.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received, and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

COMMUNITY HEALTH; How to Obtain and Preserve It. By Donald B. Armstrong, M.D. New York, National Health Series. Funk & Wagnalls Co., 1924.

MARY GAY STORIES. By Stella Boothe and O. I. Carter. Yonkers, N. Y., World Book Company, 1924.

ONE LITTLE BOY. By Hugh de Selincourt. New York, A. & C. Boni, 1924.

PLEA FOR MONOGAMY. By Wilfred Lay. New York, Boni & Liveright, 1923.

THE QUEST FOR HEALTH; Where It Is and Who Can Best Secure It. By James A. Tobey. New York, National Health Series. Funk & Wagnalls Co., 1924.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- BELDING, D. L. The Wassermann test as criterion of cure for syphilis. *Boston medical and surgical journal*, 190:301-4, Feb. 21, 1924.
- BROWN, F. E. Social aspects of venereal disease control. *Public health journal* (Toronto), 15:72-82, February, 1924.
- EVERHART, E. S. Venereal disease control in Pennsylvania: plan utilizing state police—genito-urinary division. *Venereal disease information* (U. S. Public health service), 5:1-2, Jan. 20, 1924.
- FAIVRE, P. Summary of the organization of the anti-venereal campaign in France. *Social pathology* (U. S. Public health service), 1:104-8, no. 3.
- Folks I have met at "men only" meetings, by H. E. K. *Nation's health*, 6:113-14, February, 1924.
- FRAZER, A. R., M.D. Fallacies in the modern conception of the treatment of syphilis. *Urologic and cutaneous review*, 28:71-73, February, 1924.
- GIBBS, J. The Wassermann reaction. *Public health journal* (Toronto), 15:16-23, January, 1924.
- HUXLEY, JULIAN S. Sexual sublimation: a biologist's view. *New Republic*, 37:226-29, Jan. 23, 1924.
- Italy. *Social pathology* (U. S. Public health service), 1:109-14, no. 3.
- KASIUS, P. Legal aspects of sex offenses. *Social pathology* (U. S. Public health service), 1:90-103, no. 3.
- MANTENFEL, P. On personal prophylaxis in combating venereal disease. *Venereal disease information* (U. S. Public health service), 5:3-15, Jan. 20, 1924.
- MINER, M. C. Safeguarding our girls. *Social pathology* (U. S. Public health service), 1:82-89, no. 3.
- MOORE, J. E., M.D., ROBINSON, H. M., M.D., and KEIDEL, A., M.D. Tryparsamide in the treatment of syphilis. *Journal of the American medical association*, 82:528-35, Feb. 16, 1924.
- Radical's plea for widening sex experience; discussion of C. Wood's article. *Current Opinion*, 75:724-25, December, 1923.
- Shall children be instructed on sex matters? *Journal of the American medical association*, 82:730, March, 1924.
- SHERMAN, STUART PRATT. Conversation with Cornelia on chastity in fiction. *Atlantic monthly*, 133:1-19, January, 1924.
- WILLIAMSON, T. V., M.D. Diagnostic consideration of the gonococcus and other diplococci in chronic urethral infections. *Virginia medical monthly*, 50:775-79, February, 1924.
- ZINN, E. F. History, purpose and policy of the National research council's committee for research on sex problems. *Mental hygiene*, 8:94-105, January, 1924.

Journal of Social Hygiene

VOL. X

MAY, 1924

NO. 5

THE COMPANIONATE AND THE FAMILY

THE UNOBSERVED DIVISION OF AN HISTORICAL INSTITUTION

M. M. KNIGHT, Ph.D.

Barnard College, Columbia University

Because of the complication of institutions, new ones are sometimes able to arrive almost at maturity before their distinctiveness is generally observed. Under one set of conditions, human experience, aided somewhat by deliberate purpose, assembles an institution out of factors which work so smoothly together that the complex comes to be regarded as part of a "natural" order. These coöperating forces are, of course, designated by a single term, and with long use this term becomes hallowed. In the meantime, new conditions arise, the original ones pass away or become modified, and under the pressure of new realities the time-worn institution breaks up into two or more parts. There is a chaotic period, in which society makes a floundering attempt to treat essentially different institutions alike because they inherit the same name from a dead past. Then the facts have to be recognized, new terms found for what is new; these terms likewise gather sanctity with age and cover up the further changes which are taking place. "Family" is one of those words now coming under suspicion of covering two institutions already so distinct as to require radically different social treatment.

For the purpose of this brief discussion, we may call the state of lawful wedlock, entered into solely for companionship, and not contributing children to society, the "companionate", using the term "family" in its true historical sense, as the institution for regulating reproduction, early education, property inheritance, and some other things. These limitations are observed in order to make it clear that an actual and general condition is being dealt with, not a vague theory of what may be or ought to be. The companionate is one of our commonest institutions. We have been dealing with it as though it were a family, which it is not.

Throughout nearly the whole of human history, it has been possible to control reproduction indirectly, by blocking or permitting the expression of one of the most powerful instincts. The human race would cease to exist within a few decades save for a constant stream of new recruits, because it is composed of individuals all of whom wear out. Reproduction is as fundamental to the group as eating is to the individual. Without it, there can be no social value except of the most transitory kind. As Muller-Lyer and most of the more recent social historians have frankly recognized, there is probably no phase of the division of labor older or more basic than that founded on sex. Only half of the human race can bear and nurse the young, all the males being disqualified by their anatomical structure and physiological processes. Even with the enormous strides taken by occidental society in sanitation, the most favored groups must still procreate at an average rate of something like three children per woman or decline in numbers. The period is not historically remote when the minimum rate was several times that figure, as it still is in a large fraction of the world. This enormous burden could never be shifted to men, whom reproduction costs practically nothing. Woman was and will be yoked to it biologically. Man had to be yoked *socially* to a share of it, by creating a division of labor in which he compensated for his physical incapacity to bear children by assuming a dispro-

portionate part of the non-reproductive activities. The institution which grew up around this basic biological fact is the historic family.

Certain rites permitted people to live together, and nature quickly transformed this temporary companionate into a family in almost every case. The exceptions were so rare that there was little call for separate treatment. Thus the companionate was little more than an incident—a sort of novitiate—leading to the family, on which the survival of the group depended. This indirect control of reproduction has largely broken down, due to the increased understanding of physiological processes. In one group of cases, we still have the initiation ceremony leading to the historic institution for reproduction and care of the young. In another, growing larger year by year, the same identical rites lead to a social unit which serves neither of these purposes—that is, the lengthy or permanent companionate.

It is problematical enough which of the historic customs, laws and assumptions apply to the family itself since the Industrial Revolution has changed its economic basis. Most of the productive activities have been swept out of the home because they can be carried on better and more cheaply in the factory. A large part of the education of the young, including technical training as producers, has gone the same way. It could not be otherwise, since the society in which the child will have to move and work has grown far too complicated to be introduced to him by the actually narrowed machinery of the home. Inheritance, too, has hinged more and more on the individual will, and the business contacts of grown members of a family are often not such as could be intimately known to each other. The shrinkage of both death rate and birth rate in western countries has further liberated the energies of women, and the limited opportunities for producing or earning at home have quite necessarily carried many women with families into regular employments outside. Finally, the family has quite generally become a

heavy pecuniary burden, whereas it was quite as commonly a strong asset in the Pre-Industrial-Revolutionary days when it was the characteristic unit for economic production. Modern medical knowledge has made the companionate possible, but it is the break-up of the home as an economic unit which has made it desirable and hence so common. Economically speaking, always, the individual is forced to pay for the privilege of making a contribution to the social group, and at the same time shown a way of getting out of both.

The larger institutional groups which we vaguely call "society" have the most vital interest in reproduction. For that reason, "society"—the state, particularly—must play an important rôle in the fundamental shake-up of the family which is certain to come. Barring a sweeping change in the whole ethical and moral basis of our society, or a profound reconstruction of economic life, some way will have to be found to decrease the burden of reproduction, upon both men and women, or occidental civilization may be decapitated by its own machinery. It is hardly possible to prevent the ablest strains of people from extinguishing themselves, if the family is to continue a handicap to an individual success which gets all the material rewards and social applause.

Recognition of the companionate as a distinctive institution has become fairly general only among the more radically minded. Inevitably, the more extreme socialists and feminists have taken their cue largely from the Russian experiment. This is a good thing in one way—it brings social renovation down from the clouds of vague theory into an earthly setting. Over against this are disadvantages almost equally grave. To those with ready-made ideas, Russia is so far away, so big, so unfamiliar, and the excursion into communism there has had so little time to settle down into definite, variable social structures, that the Federated Soviet Republics often serve as a sort of Utopia whose actual existence may be asserted. Moreover, Russia is not a highly industrialized country, and her population

problem is very different from that of the states on both sides of the North Atlantic in the past few decades. That Soviet Russia has been able to struggle on for a few years with amazingly little regulation of companionate or family does not necessarily mean that this is a good permanent policy for us.

Because the social conservatives and liberals have been inclined to regard the companionate as a family, the common radical assertion that it is no affair of the State's if people wish to live together without children has gone practically undebated. It seems to the writer to be not only debatable, but to bear all the earmarks of sophistry. These people have picked upon a few obviously absurd laws and customs applied to the companionate merely because of its historical descent from the family, and immediately jumped to the rash conclusion that all thoroughgoing regulations must be bad because these are. Of all the people in the world to take such a *laissez-faire* attitude toward a vital institution founded upon the same instinct which must be depended upon for reproduction—that is, for group survival—one would expect the socialists to be the last. Presumably they will soon see this themselves, as some already do. One remarked to the writer recently that the socialists would cross this bridge when they came to it—that for the present, the main thing is to get rid of the unsuitable regulations, thus making way for some suitable ones.

To the common statement that a companionate should be dissoluble at once by the joint declaration of the two parties concerned, one condition might be suggested. This is that perhaps sufficient time should elapse after mutual denunciation of the partnership bond to make sure that a mere companionate, and not an actual family, is being dissolved. Three-quarters of a year, during which time the parties lived separately, would be sufficient—perhaps somewhat less. Divorce proper, disrupting a real family, is a different matter.

As long as the family retains any of its educative functions, its dissolution is bound to be a concern of the social group. With the separation of Church and State in the modern world, and the enormous increase in jurisdiction of the latter at the expense of the former, the conviction has grown and spread that divorce itself should be handled in a social-scientific way, not by categorical taboos. In medieval times, God joined people together, and man was dubious about his authority to tinker with such an arrangement, even when it turned out to be a mistake. Nowadays it is the State which couples them, at the request of individuals grown far more conscious of their rights as such. What the State has joined together by request, it can put asunder by request, with due reservations about any consequences which may have ensued. The possibility that a companionate may become a family, the probability that families will generally be preceded by companionates for a long time to come, and the absolute necessity of families, give the State an indirect but a very vital interest in mating.

As parenthood becomes more strictly voluntary, it seems obvious that the State will have to take a more direct interest in its supply of raw recruits. It is already observable that the greatest sterility appears among the most successful strains, where the environment should be most advantageous for the young, and presumably the biological inheritance is better also. This is the slow social suicide commonly known as racial decay. Its possible cure lies partially within the realm of eugenics, but not altogether. Our puerile and anachronistic treatment of both the companionate and celibacy is also responsible in part. It amounts to subsidizing voluntary sterility.

For example, in the United States we exempt a man from taxation on part of his income simply because he has a woman companion. The exemption in New York State is equally large. This is on the assumption that such a partnership is directly advantageous to the State, or to society at large, which it is not unless turned into a family. On the

contrary, the shrewd and self-seeking individual who avoids children has often merely done society the disservice of withdrawing a perfectly healthy woman from production. Instead of remitting taxes, we, the people, might well impose a special fine—a sort of luxury tax. If this turned out to be remunerative to the State, perhaps the taxes of the actual families could be lowered in proportion.

This favoring of the family as compared with the companionate, which the nature of the two institutions and of our economic and social order demands, obviously should not be so designed as to put companionship mating at a disadvantage with respect to celibacy. There is little reason to doubt that the social health and morale of a mated population are far better than those of a largely unmated one. The sex instinct is too powerful to be completely repressed without objectionable effects upon the personality, from the standpoint of the health and happiness of the individual on the one hand, and his social reactions upon the group on the other. Moreover, since reproduction is sexual in the human species, any group which does not attempt to regulate sex relations invites destruction. The ideal situation to be kept in view must be the fewest possible individuals unmated and the greatest possible encouragement to turn the superior companionates into moderate-sized families—say with three or four children. While this paper is not about eugenics as such, it is not out of place to make the side remark that every attempt to turn the family into a reasonably efficient social institution must regard negative eugenics as an essential goal.

What, then, is the obvious first step to take, the moment we can get general recognition of the fact that the companionate is an actual institution, needing regulation? If we agree that a celibacy which has always been more or less of a fiction in practice, and is rapidly becoming a farce since the spread of birth-control information, is socially bad, the first desideratum must be to find and remove the obstacles which keep normal people from institutional mating. For those who

are anarchistic and unsocial by nature, not from economic or other necessity, restraints will doubtless have to be found—on the same general principle that we make motorists keep to a particular side of the road and sometimes forbid unauthorized persons to bear arms. It seems patent that the main thing which keeps people out of the companionate now is a senselessly rigid lot of inherited laws and customs appropriate only for the family, and not entirely so for it in its modern form. A mere enumeration of some of the most important is about all that can be undertaken in the space available here. The laws are mere generalizations arising from the customs, attempting to apply them at essential points where moral suasion might fail.

First, there is the decreasingly successful attempt on the part of the State to preserve such a state of ignorance that the companionate may become a family, as in more primitive societies, even when the members do not wish it and cannot afford it. This is a terrific deterrent to open, lawful mating, and a mother of such spawn as social decay and prostitution. It is a species of public chicanery whereby the poor or ignorant individual is tricked by means of his instincts into making an unwilling contribution, at his own expense, to the social group. The well-informed and fortunate classes see through the hoax, and get off very lightly, at the expense of a society which thus sterilizes much of its best stock.

Then there is a group of abuses, perhaps even more important, growing out of the economic order. At the heart of the matter is the assumption that a woman should cease to be an earner and become a pensioner when she becomes a man's companion; that even though a family is studiously avoided, there should be the paraphernalia of a "home"—at his expense. There are a great many men, particularly in towns and cities, who can support themselves in comfort, and perhaps even nourish ambitions, but whose earnings are insufficient for two—to say nothing about a family. Many of them—I will be conservative and not say most of them—live

in a state of mock celibacy, when they would be better off in every way if it were possible to enter a real give-and-take companionate. Many of the women they play with are also self-supporting. Some of these actually mate legally, in spite of a state of social opinion which makes it a dangerous move. How dangerous? From the woman's point of view, it means pressure to give up her position and live on a fraction of his earnings, which often represents a cut in his previous standard of living. Whether he is conscious or unconscious of this cut, it is not a particularly good omen for the success of the partnership. From the man's angle, it means making two live on what one lived on before. It actually means the accumulation of an establishment with a lot of overhead expense, which probably removes any freedom of movement which he may have enjoyed. Moreover, he is tied hard and fast by law to the new set of pecuniary obligations. Society and the law regard this companionate as a family. The assumption is that he owes this woman support, no matter how able she may be to support herself. If at all inclined to think, he knows there is a large chance that the partnership will break up—divorce statistics are convincing on that point. If it should prove unworkable, society and the law are going to assume that he owes her alimony, even if she goes back to her salary, quite uninjured as a producer by an institutional failure which may have been as much her fault as his, or more. It may prove costly even for him verbally to suggest a legal companionate if it should not materialize. She may sue him and collect a considerable sum, merely on the implied theory that he has obligated himself to support her, though she has suffered no damage of any kind and he has received no imaginable *quid pro quo*.

To put one aspect of the problem a little more positively, why should not the two members of a companionate be taxed by the State exactly as though the partnership did not exist? Why should it be considered a pecuniary institution? It might be left open to either or both parties to prove that

their earning capacity had been necessarily lowered—for instance, in case one has been obliged to move to a different city at a lower salary in order that they may live together. The fact that people do become fond of each other in a complex emotional way, incorporating the strong factor of the satisfaction of natural desires, should be a sufficient incentive if only the absurd handicaps inherited from the family could be eliminated. There is no use in sneering at or belittling the sobering but unnecessary truth that mating at present commonly means a cut in the standard of living of both parties. Harking back to the illustrative case of taxation, there is no question but that the able-bodied and childless should bear a much larger share of the burden of the State than they do now. This is only another way of saying that children are a social rather than a personal asset in the present economic order, and those who do not make this contribution should bear a substantial equivalent at some other point. The tax on celibacy which has been so much discussed looks all right as far as it goes, but it does not meet the whole difficulty. Why not make it simply a tax on childlessness, partially remitted up to the number which scientific study suggests as normal, treating celibates and members of companionates exactly alike in this respect?

While this paper is not at all exhaustive, it is perhaps sufficient to carry the main idea. Through all the sense and nonsense which is being published about the family the fact is patent that something is wrong. So much scientific and technical progress has been made during the past two centuries that our social institutions have dropped out of the convoy and are wandering around in the swamps of ignorance and prejudice. The sickness of the family is only a symptom of a general maladjustment, due to the fact that we have created a new material environment so quickly that we cannot find our places in it. Never was human society riper for general change, and yet there are poor reactionaries who want to live in the void we have just moved out of, instead

of settling down in the potentially more habitable world we have created. We cannot reestablish the old family, founded on involuntary parenthood, any more than we can set the years back or turn bullfrogs into tadpoles. The family has definitely split into two parts, neither of which is like their common predecessor. They are related, they are both important, and they require regulation. The companionate is the more difficult to deal with for the moment, because more remote from anything we have experienced before. It can be regulated. It will have to be regulated. The first step is obviously to recognize its existence and attempt to get a good, square look at it.

VENEREAL DISEASES IN PRIVATE PRACTICE

A REPORT OF AN INQUIRY ADDRESSED TO THE PHYSICIANS OF SYRACUSE, NEW YORK

Methods of Inquiry.—As a part of the venereal disease survey of Syracuse,¹ an inquiry was addressed to all physicians in that city in regard to the number of cases of venereal diseases they had been treating in private practice during 1923. Included in the inquiry were a number of questions with reference to their experience in dealing with these cases and in securing coöperation from the health authorities of the city in matters which might properly be referred to them.

¹ At the request of the Milbank Foundation and with the consent and approval of the Commissioner of Health of Syracuse, Dr. Thomas P. Farmer, the American Social Hygiene Association was invited to make a study of the facilities in Syracuse for the diagnosis, treatment, and public health control of gonococcal and spirochetal infections, prepare a detailed report, and make recommendations. Dr. Walter M. Brunet, Director of the Department of Medical Measures of the American Social Hygiene Association, made the field study, Miss Mary A. Clark, Statistician of the American Social Hygiene Association, prepared the report of the results of the inquiry to the physicians, and Dr. Haven Emerson, Professor of Public Health Administration, Columbia University, acted as consultant.

The inquiry was carried out by mailing to each physician a printed set of questions. Copies of the question blank and of the letter sent with the blank to explain the purpose of the inquiry are attached to this report. In order to provide for securing frank statements of opinions and criticisms, the physicians were asked to return the blanks without signing them. As they were returned without signatures, there was no possible way of knowing which of the physicians had filled in a blank. The question blanks were mailed early in November to the 376 physicians listed with Syracuse addresses in the 1923 Medical Directory of the American Medical Association.

Views of Physicians.—In general, it would appear from their reports that these physicians are favorable to measures already undertaken for the control of venereal diseases in Syracuse. They are making extensive use of the laboratory facilities provided by the city and they have no difficulty in obtaining free treatment for cases unable to pay for private treatment. The fact that very few physicians have objections to reporting and that a considerable number of them accuse themselves of carelessness in not reporting their cases encourages the hope that, with some urging of the importance of reporting to the health authorities, adequate reporting may be secured in Syracuse. Most encouraging of all is the fact that these physicians have voiced no outstanding grievances. There seem to be no serious obstacles to overcome before putting into effect the suggested program for venereal disease control in Syracuse.

Who Replied.—By January 1st, 116 of the blanks, or nearly a third of them had been filled in and returned. In addition, four blanks were returned, because the addressee was not found. Of the 116 physicians who returned filled-in blanks, 68 stated that they treat venereal diseases and 48, that they never treat them. Since most of the questions concerned actual experience in handling cases; summaries of the replies of the 68 who treat venereal diseases constitute this report.

Before considering the replies of the 68 physicians, it must be noted that they do not in any sense furnish a complete survey of the venereal situation as regards private patients in Syracuse. Dr. Joseph S. Lawrence, Director of the Bureau of Venereal Disease, New York State Department of Health, in a recently published paper¹ states that 287 physicians of Syracuse had coöperated during 1922, in venereal disease control with the State Department of Health by reporting venereal disease cases either directly or through the laboratories. Included in this group of 287 physicians were 183 who had dealt with active cases and 104 who had sent to the laboratories specimens which were not found positive. On the basis of a comparison of actual numbers, the group of 68 physicians replying to the present inquiry would constitute 24 per cent of the group Dr. Lawrence reported. However, there is no evidence to show that the group of 68 is a fair sample of the total group in respect either to number of cases treated or to attitudes toward measures for control. The very fact that these physicians coöperated in the inquiry may indicate a special interest in problems of venereal disease control. The summaries of replies are presented, therefore, as indicating the practice of a group of physicians sufficiently interested in problems of venereal disease control to coöperate in the inquiry, rather than as a complete description of the experiences and opinions of Syracuse physicians in general. It is further hoped that the report will bring to the attention of those physicians who have not yet returned filled-in blanks, the important information that might be secured through a complete response to the inquiry. If they will return the blanks, another more comprehensive report will be prepared.

Number of Cases Treated.—The combined reports of the 68 physicians who treat venereal diseases, presented in Table 1,

¹ The Attitude of the Medical Profession of the State of New York toward the Venereal Diseases. Joseph S. Lawrence and Russell B. Tewksbury. *New York State Journal of Medicine*, January, 1916.

show that 1963 cases had been handled by them from January 1 to October 1, 1923. Included in this group of 1963 cases were 1082 cases of gonorrhea, 602 of syphilis, 159 of vulvo-vaginitis, and 120 of chancroid. It is interesting to compare these figures showing the cases treated in private practice with statements as to the number of cases receiving free treatment during the same period. The following table, based on information furnished by Dr. Lawrence, shows the number and classification of cases treated in the Syracuse Free Dispensary from January 1 to October 1, 1923:

Classification	Syphilis	Gonorrhea
Cases at beginning of year.....	157	47
Old patients readmitted.....	265	118
Total new cases admitted.....	128	184
	<hr/>	<hr/>
Total cases	550	349

In the practice of the 68 physicians, the ratio of gonorrhea cases to syphilis cases was not quite two to one. This is somewhat lower than the usual estimate that gonorrhea is from three to five times as prevalent as syphilis. It is interesting to compare this ratio with the summaries of case reports for New York State outside of New York City, according to which during the past three years the ratio of gonorrhea to syphilis has been about four to ten. The low ratio in the state reports may be attributed to the greater use of laboratories for the diagnosis of syphilis than of gonorrhea.

About three times as many men as women have sought treatment. The exact ratio of men to women cannot be determined because vulvo-vaginitis cases were not recorded according to age and it is known that many of those reported were children. There were only 36 children included among the patients reported in the questionnaire, 16 having gonorrhea and 20 congenital syphilis.

More than half of the syphilis cases were in the tertiary stage. There were only 133 cases of primary syphilis as compared with 110 of secondary syphilis and 313 of tertiary

syphilis. These figures are in line with statements by a number of competent observers that fewer new infections of syphilis are being seen. An interesting comparison could have been made if information had been secured from the Syracuse physicians in regard to the number of cases of the different stages of syphilis that they had treated in previous years.

Among the cases of primary syphilis, there were 108 cases in men and 25 cases in women. Less than 20 per cent of the cases were in women. Among secondary syphilis cases, also, about 20 per cent of the cases were in women. Among the cases of tertiary syphilis, on the other hand, 191 cases were in men and 122 in women. In this stage the proportion of cases in women was about 40 per cent, or twice the proportion reported in the other stages. Of the congenital syphilis cases 20, or less than half were of children.

The summaries presented in Tables 2 and 3 indicate that the venereal disease cases are not evenly distributed among the physicians. Only 14 of them treated 10 or more cases of gonorrhea and only 13 of them, as large groups of syphilis cases. In terms of percentages, 21 per cent of the physicians treated 84 per cent of the gonorrhea cases and 19 per cent of them treated 80 per cent of the syphilis cases. Twenty-four per cent of the physicians had treated no gonorrhea cases at all and 22 per cent no syphilis. Again, as regards the syphilis cases, 47, or 69 per cent of the physicians, had treated no cases at all of primary syphilis and only 14, or 21 per cent of them, reported congenital syphilis; while nearly half of the physicians had treated tertiary syphilis.

Non-Resident Patients.—Of the 68 physicians who treat venereal diseases, 57 replied to this question. Thirty-five, or 61 per cent of those who replied, stated that they had treated no cases of non-residents. Of the remaining 22 physicians, only one had treated a considerable number of cases. He stated that he had treated over 400 patients from January 1 to October 1, and of these, 25 per cent were non-residents.

The other reports either stated that very few cases from outside of the city were treated or the percentages given are to be applied to such small numbers of cases that the actual numbers treated are very small. It may be concluded that a very large proportion of the 1963 cases are of residents of Syracuse.

Use of Laboratories.—Only one of the 68 physicians reported that he never uses laboratory tests. One other stated that he had not yet had occasion to send material to a laboratory. Five did not reply. The city laboratory was used by more physicians than any other laboratory. The number of physicians reporting that they had used each of the laboratories in 1923 is as follows:

Laboratory	Number of Physicians
City	52
State	40
Hospital	19
Commercial	4
Own	3

Only a few physicians reported the use of only one laboratory for all their tests, as follows:

Laboratory	Number of Physicians
City	12
State	3
Hospital	1
Commercial	1
Own	1

Fourteen had used the city, state, and hospital laboratories, all three of them. Twenty-one used both the city and the state laboratory.

It is evident from the figures presented above that the physicians of this group depend to a great extent on the city laboratory for doing their tests. The commercial laboratories have been little used. Only four physicians who had treated very few cases in the year reported having sent material to them in 1923.

Reporting of Cases.—The question regarding reporting was stated as follows: “Do you report all your cases to the health authorities? If not, what are your objections to the law?” Eleven physicians did not reply to this question. Of the 57 who did reply, 31, or 54 per cent of them, answered “Yes” and 26, or 46 per cent of them, answered “No.” Of the 26 who answered “No,” nine stated that they did not report directly because their cases were reported through the laboratories. Five more said they were merely careless about reporting and had no objections to doing so.

The remaining 12 gave the following objections: Five, that patients object; one, not necessary to report tertiary syphilis; two, not necessary if patient is faithful; two, “none of state’s business, a confidential matter between patient and doctor”; one, “one city directory enough”; one, “city does not want reports.” It is interesting to find that no one mentioned the fact that there is no legal requirement of reporting, and also that in reply to the question regarding means used for bringing under treatment patients who have discontinued treatment, only three physicians said that they referred such cases to the Department of Health.

Securing Treatment for Patients Unable to Pay.—The 68 physicians were practically unanimous in stating they have no difficulty in securing free treatment for such patients in dispensaries. Four stated they had had difficulty about hospital patients but indicated by their comments that they did not anticipate similar difficulty in the future.

Criticisms of Health Agencies.—All but eight of the 68 physicians stated their opinions on this point. Fifty-two had no complaint and in many cases offered favorable comments. Eight had complaints to make and mentioned the following: two, that the public agencies take patients who can afford to pay; two, that they meddle with matters that only physicians have the proper knowledge to deal with; one objects to teachings about prophylaxis; one thinks hospital facilities should be increased; the remaining two did not state the complaint.

Opinions About the Prevalence of the Venereal Diseases.—There is virtually no agreement among the 68 physicians in their replies to the question, "In your experience, are the venereal diseases on the increase or the decrease in Syracuse? Give reasons for your answer." Twenty-two replied that they did not know. Fourteen more did not answer and it is possible that they, too, had been unable to form an opinion. Of the 32 who expressed an opinion, seven thought the prevalence had not changed, 11 had observed an increase and 14 a decrease.

Of the 11 who replied that there was an increase, two gave no reasons for their answers. The reasons given by the remaining nine were as follows: Two physicians stated that they were seeing more cases among little children, one of them stating that better diagnosis in pediatrics might account for this fact; two blamed bootlegging and the non-enforcement of prohibition; one blamed clandestine prostitution; and one, "the girl of to-day."

Only ten of the 14 physicians who had observed a decrease gave reasons for their answers. Of these, six stated that they saw fewer cases themselves. Two physicians attributed the decrease to the closing of houses of prostitution, one to the provision of free treatment facilities, and one to the general use of prophylaxis.

TABLE 1. TABLE SHOWING THE NUMBER OF CASES TREATED JANUARY 1, TO OCTOBER 1, 1923

GROUPS TREATED	Total Group, all Venereal Diseases	Gonorrhea			Syphilis		Chancroid	Vulvo-vaginitis
		All	Primary	Secondary	Primary	Con- genital		
(1) Men	1380	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(2) Women	388*	404	108	87	191	18	91	
(3) Children	36*	178	25	23	122	8	29	
(4) Total, all cases treated.	1963**	20	0	0	0	20	0	
		602	133	110	313	46	120	159

Number of physicians reporting

number of cases treated.

63 67 64 64 64 64 66 67

* Vulvo-vaginitis not included, as only total was given.

** Including 159 cases of vulvo-vaginitis.

TABLE 2. TABLE SHOWING THE NUMBER OF PHYSICIANS WHO REPORTED THAT THEY HAD TREATED THE SEVERAL TYPES OF VENEREAL DISEASES JANUARY 1, TO OCTOBER 1, 1923

CLASSIFICATION OF PHYSICIANS	One or More of the Venereal Diseases	Gonorrhea			Syphilis		Chancroid	Vulvo-vaginitis
		All	Primary	Secondary	Primary	Con- genital		
(1) Report treating one or more cases	58	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(2) Have treated cases, but do not give complete report of number of cases or type of disease	5	4	4	4	4	4	2	1
(3) Have treated no cases in this period	5	15	47	44	32	50	49	48
(4) Total number of physicians who accept venereal disease cases	68	68	68	68	68	68	68	68

TABLE 3. TABLE SHOWING THE DISTRIBUTION OF CASES AMONG PHYSICIANS JANUARY 1 TO OCTOBER 1, 1923

NUMBER OF CASES TREATED	GONORRHEA				SYPHILIS			
	Physicians		Total Cases		Physicians		Total Cases	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(1) 10 or more...	14	20.6	905	83.7	13	19.1	481	79.9
(2) 4 to 9 inclusive	23	33.8	144	13.3	12	17.6	78	13.0
(3) 3	6	20.6	18	3.0	4	35.3	12	7.1
(4) 2	7		14		11		22	
(5) 1	1		1		9		9	
(6) No cases at all	16	23.5	0	0	15	22.0	0	0
(7) Records not available	1	1.5	?	..	4	6.0	?	..
(8) Total group..	68	100.0	1082	100.0	68	100.0	602	100.0

VENEREAL DISEASE SURVEY OF SYRACUSE

1. Questionary for Physicians

1. Do you treat patients with venereal diseases; gonorrhea, syphilis, chaneroid, and vulvo-vaginitis?

2. How many cases have you treated from January 1st to October 1st, 1923, of each of the following:

		Male Adults	Female Adults	Children Under 16
A. Gonorrhea		.....	.....	.....
	1. Primary . . . . .	.....	.....	.....
B. Syphilis	2. Secondary . . . . .	.....	.....	.....
	3. Tertiary . . . . .	.....	.....	.....
	4. Congenital . . . . .	.....	.....	.....
C. Chaneroid		.....	.....	.....
D. Vulvo-vaginitis				

3. What proportion of your venereal disease patients are non-residents?

4. In confirming your diagnosis do you make use of laboratory tests? Check in the following list the laboratories to which you have sent material for tests during 1923.

City Laboratory	State Laboratory	Hospital Laboratory
Commercial Laboratory		Others (specify)

5. Do you report all of your cases to the health authorities? If not, what are your objections to the law?

6. What proportion of your patients stay under your treatment until discharged as cured?

Male?	Female?
-------	---------

7. What methods do you use in bringing patients under treatment who have discontinued treatment:

- A. While still in the communicable stage of the disease?
- B. While still uncured?

8. In your experience are the venereal diseases on the increase or decrease in Syracuse? Give reasons for your answer.

9. If you do not treat venereal disease patients, what advice do you give those coming to you for treatment?

A. Do you refer them to a specialist?

10. Do you have any difficulty in obtaining hospital or dispensary care for patients with venereal disease who cannot afford to pay a reasonable fee to a physician for care at home or at his office?

11. Do you have any difficulty in obtaining hospital care for patients with venereal disease who can afford to pay?

12. Have you any complaint against public or private health agencies because of their activities in the field of venereal diseases?

13. Additional remarks. (Write on other side of this paper.)

November 1, 1923.

DEAR DOCTOR:

In conjunction with the tuberculosis and general health demonstration which is being carried on in Syracuse, a study of the venereal disease problem is to be made. This survey will include prevalence, treatment facilities, reporting, social service follow-up, and other public health measures.

To make this study of the greatest value, a direct and personal appeal is being made to each physician for his whole-hearted support and coöperation. Without certain information which only physicians can give, no worthwhile conclusions can be drawn as to the number of cases of gonococcal and spirochetal infections which are under treatment, and the number which need treatment.

The questionnaire method has been selected as the best and simplest means for obtaining this information so that time and effort will be conserved for the busy doctors and field workers. In the preparation of the inquiry we have endeavored to make it as brief and simple as possible. Every question is important and should be answered completely.

The information requested will be kept wholly confidential and, as will be noted, the form does not call for the signature of the physician reporting. A statistical summary only will be used in a publication of the results of this study.

Will you kindly let me have a prompt reply using the enclosed stamped envelope?

Very truly yours,

WALTER M. BRUNET, M.D.

DELINQUENTS AND SEX-EDUCATION

MARY WOOD DALEY

Principal of School, Sleighton Farm, Pennsylvania

During a course on psychiatry this spring, Dr. Strecker of the Pennsylvania Hospital gave a fine analysis of the causes of mental ill-health. He brought out clearly by well-chosen case-record evidence that mental disease can seldom, if ever, be traced to a single cause. It seems to me that likewise in our analysis of moral disease (if such a term is permissible) to no one cause can be assigned the sole responsibility. As we become greater experts in diagnosing the case of any so-called delinquent, I venture to predict that we shall find that local infection, glandular abnormalities, hereditary tendencies, emotional conflicts and economic environment may all share the blame.

What do we mean by delinquent? A person who is unstable, unadapted to his environment so that he lacks the power to make an average social adjustment. This includes a wide variety and range of personality, temperament, and mental status and also allows for temporary and permanent behavior aberrations.

Given the delinquent in our correctional institution, how can we meet the problem of his reëducation or care? Most of our court commitments give us incorrigibility as the offense for which these girls are sent to us. We find that many of them have had sex intercourse with varying degrees of responsibility. I shall not now raise the issue of our modern dual standard whereby a girl is termed "delinquent" for the same act and offense for which a boy is unclassified. Neither shall I attempt to define moral and immoral sex relations in or out of marriage. All that is for a longer and more difficult discussion than we have time to enter into now.

My problem to-day is to tell one way in which I have tried to reëducate young women delinquents committed to our care at Sleighton Farm. I should like to call your attention to the fact that reëducation is a much more difficult problem than education. In both, however, our object is to give to our children a "body of knowledge, habits and attitudes" which will enable them to make a new social adjustment; which will go far to assure normal health and happiness for them in the complex environment of civilized life.

If facing a group of delinquent girls I can safely assume that all or most of them have some knowledge of sex life; my problem is to give them a decent vocabulary, a new attitude toward sex pleasure, and a new ideal of sex conduct. I realize that many educators have honest objections to any sex instruction; some feel that a minimum of such information should be given. I would like to refer those people to a leaflet on the Problem of Sex Education in Schools published by the United States Public Health Service at Washington, D. C. It is too long to quote but it is well worth our careful study. The main points made are:

1. The need of the right kind of education to meet the growing seriousness of the broken home life, and of venereal disease.
2. The importance of the fitness of the teacher for this instruction.

On this last point too much emphasis cannot be laid. Better no instruction at all than that given by neurotic teachers, suffering themselves from a sex maladjustment, or from a naïve ignorance of sex experience. They are apt to arouse unwholesome curiosity and morbid introspection, both of which we want to minimize or eliminate in adolescent life.

In my work I lay great store by the development of fine *rapport* between myself and my pupils. As principal of the School Department as well as teacher of General Nature Study, I have a personal contact with all of the four hundred

and fifty girls on the Farm. I hold it a prerequisite to any course in sex hygiene, first, that the teacher should be a well-informed, right-minded woman, and secondly, that she should give a previous course in general nature study without any special attention to the phenomena of reproduction, for the following purposes:

1. The indirect absorption of biological terms and facts, entirely objective.
2. The establishment of a fine relation between pupil and teacher to insure the child's confidence in the teacher's reliability.
3. An appreciation of nature—its beauty and its law.

Perhaps an account of my experiment in social-hygiene instruction at Sleighton Farm will be the best way to explain my position on the delicate problem of social-hygiene education.

When I am ready to begin sex instruction, I call the attention of the pupils to the "old fashioned" idea or method of meeting the natural curiosity of children. I commend the children for the right kind of curiosity rightly expressed. I never allow oral questions in class. I condemn the habit of lying to children and give an important lesson on the inevitable result of such lying. I deplore the wrong sense of shame and embarrassment which most adults show; and which is thereby aroused in growing boys and girls.

Then I review nature material previously studied, calling attention to the reproduction in plant life (illustrated by a violet), then of a frog, insect, fish, bird and rabbit. I make a great deal of maternal care, comparing different creatures such as the mud-dauber and the hornet; I also emphasize the term egg cell, sperm cell, fertilization, ovary, which are common to the life histories of all animals. I call attention to the sharp difference between bird and rabbit, giving the rabbit's sex life, organs and maternal care in great detail.

When it is time to begin on human reproduction they have

a vocabulary and a viewpoint which relieves us all of any embarrassment. I wish you could hear my children recite, even in the presence of guests.

I give the diagram of the female reproductive organs, a full account of menstruation, conception, and pregnancy. For the girls I give only the names and functions of male organs. When we have learned this thoroughly I ask them to write any questions which are in their minds, anything about which they have ever been curious. I tell them I will not be shocked by anything they could write; that grown-up people and books often made me curious when I was a girl, and I believe we can never be fine and free until we get away from lies and face the truth. Each girl knows that I will never show her questions, as hers, to anyone.

My pupils have asked a wide variety of questions varying from the slightest physiological curiosity to deep moral problems. Whenever the questions are suitable for class discussion, or are ones which I can use as leverage for ethical instruction, I answer them in class, no girl knowing whose question I am answering. If the question calls for private conference I give it.

I have with me a list of some of the questions: I find that to tell them a decent story of human gestation is far from enough. These girls are up against problems of sex passion, recreation, hunger for clothes, flirtation, and more. Through their questions, by way of introduction, I have explained to all the mature girls the problem of sex; how natural is the impulse, how thrilling and exciting it can be; what a curse it may be if the laws of sex hygiene and social custom are not obeyed. I instruct them about venereal disease and give them a serious talk on the game of sex, and playing fair. I do not hesitate to mention their own temptations to flirt, to want pretty clothes, to be flattered.

I show them their responsibility. I apply some of the Rules of the Game (given by Floyd Lambertson in his helpful book, and by Dr. Hutchins in his Code of Morals), to sex

problems. I ask them if this is not true? That no matter how much sex excitement may appeal for temporary satisfaction most of us have in our hearts the ideal of faithful mates, happy children and a square deal for these children. Most women, I tell them, have a dream of a true lover, a noble comrade, and the kind of a home they would like to have. Most of us dream we could be good mothers. The strongest appeal I can use is the appeal of fairness.

There are several books that have helped me, but most credit can be given to Cady's "*The Way Life Begins*" published by the American Social Hygiene Association.

To illustrate some of the deep questions our children are grappling with, I will read a few of the many questions I have had from them in these two years:

1. What is after birth?
2. How should a woman care for herself during pregnancy?
3. Symptoms of pregnancy.
4. Cause of birth marks.
5. Cause of irregular menstruation.
6. Can sex be known before birth?
7. Is there any way to tell whether man is diseased?
8. Why doesn't pregnancy follow every sex intercourse?
9. Can syphilis be cured?
10. How should a bed be prepared for child-birth?
11. Should a person choosing a husband count on what kind of a man he was; if he is healthy or diseased?
12. If a small child should ask where children come from, what should you tell so as not to lie?
13. If you have had sexual intercourse before marriage, but have made up your mind to live a clean life, and a good man wants to marry you, can your past be kept secret from him?
Will he know whether you are virtuous or not?
Ought he be told?
14. If one or both ovaries have been removed, ought a man be told before marriage?
15. Is intercourse before marriage a sin?
16. Is intercourse during pregnancy wrong?
17. If mother or father has venereal disease does a child always get it?
18. Is it a crime to prevent birth of a child? (abortion).
19. Is it wrong to prevent conception?
Will it hurt your health or happiness?
20. Why are men more passionate than women?

21. What is the cause of sterility?
22. Why do people crave sexual intercourse?
23. What is meant by a man having spiritual inhibitions?
24. Is it right for a girl to have a man arrested for her pregnancy, if there has been no breach of promise?
25. Why is sex so exciting to some people, and not to others?
26. How often should a person have sexual intercourse?

I never take up the perverted forms of sex expression except in individual cases of need. We have found no ill effects from this work in sex instruction and we have won a fine attention and eager response to every lesson.

It seems to me that one of the severest criticisms of modern education is that we who hold ourselves responsible are afraid to teach our children the truth about the most important problems of life.

THE CHICAGO SOCIAL HYGIENE CONFERENCE

C. C. PIERCE

United States Public Health Service

The conference of the Chicago Social Hygiene Council was held on April 17-19, 1924, under the joint auspices of the Illinois League of Women Voters; the Chicago Woman's Club; the Women's City Club; the Chicago Woman's Aid; the Catholic Woman's League; and the Social Hygiene Council. The meetings on April 17th took place at the Women's City Club and those on the 18th and 19th at the Chicago Woman's Club.

Dr. Rachelle Yarros, Director of the Chicago Social Hygiene Council, was largely responsible for the preparation of the program and the stimulation of interest in the meetings. Those present at the conference regarded it as a valuable effort toward giving proper emphasis to the importance of social hygiene in Chicago. The total number attending the various sessions was about 400. One hundred and seventy-five persons registered as delegates representing over one hundred different organizations. Representatives from women's clubs predominated, but other social organizations were represented. At the meeting on the morning of April 19th fifty school teachers, representing more than twenty-five different schools, were present. The recorded attendance at the various sessions was: April 17th, morning session 125, afternoon session 175; April 18th, morning session 80, afternoon session 400; April 19th, morning session 155, luncheon session 134.

The first session was called to order by the Chairman, Mrs. B. F. Langworthy, who introduced Dr. Rachelle Yarros. Dr. Yarros gave a complete and interesting outline of various

social-hygiene problems including their medical, legal, social, and educational phases.

Mr. Horace J. Bridges outlined the duties of the home, the school, and the church in the upbuilding of youth. He pointed out the necessity for both mental and physical training and expressed the belief that vice and prostitution would lose 80 per cent of their drawing power if adolescents were kept busy both mentally and physically.

Professor Todd, the next speaker scheduled on the printed program, was out of the city. His place was taken by Miss Davis of the Chicago Public Schools who read a paper on Children in Industry. She pointed out that children leaving school to work must have completed the sixth grade and be over fourteen years of age. Each child going to work is given a physical examination. About one-third of the children are refused certificates on account of physical defects. Eighty-five per cent of these have their defects corrected. Most of the girls leave school to work in factories, the boys to become messengers, since under the law children cannot operate machines. Miss Davis spoke of the physical and moral hazards of employment of children between the ages of fourteen and sixteen.

On the afternoon program Judge Harry Fisher of the Circuit Court spoke of the three classes of individuals brought before the Morals Court; first—casual offenders; second—professional prostitutes; and third—keepers, panderers, and procurers. He pointed out the specific needs at the present time as: First—a central detention building where all persons arrested for moral delinquency could be properly housed and the casuals separated from the professionals; second—that no fines should be imposed, but those found guilty should be confined; third—the great need for social service workers attached to the courts.

Judge Daniel Trude of the Municipal Court outlined the procedure of examination of prisoners for venereal diseases. No girls are confined at the Lawndale Hospital for treatment

unless they are professional prostitutes actively infected with venereal disease. Judge Trude expressed the opinion that most prostitutes would not desire to change their occupation. The law passed on July 1, 1923, authorizing judges to send keepers of houses of prostitution to jail for one year has been helpful.

Judge Mary Bartelme of the Juvenile Court was introduced. Judge Bartelme stated that last year there were 576 juvenile offenders in her court. About one-half of this number were actually guilty of sex delinquency. Most of these children were between fourteen and fifteen years. The home environment of the child varied greatly, but was usually bad. She stated that drunkenness of the parents in poor homes is not so prevalent now as it was a few years ago. Most of the girl cases had not gone beyond the sixth or seventh grades in school. She pointed out that the type of home plays a great influence upon the behavior of the child but that good homes are more important to the girls than to the boys. In Judge Bartelme's opinion the greatest cause of sex delinquency is lack of proper home influence.

Dr. Ludwig Hektoen gave an outline of the history of gonorrhea and syphilis from the time they were thought to be manifestations of the same disease until the germ of each of the diseases was discovered.

Dr. N. S. Heaney told of the effects of gonorrhea in women and Dr. Wm. T. Belfield pointed out the social damages caused by syphilis being introduced into families by men who became infected before marriage. He advocated that all parents require health certificates from prospective sons-in-law.

Dr. Helen V. McLean spoke of the importance of syphilis as a cause of prenatal and infant mortality. She reviewed the work of Dr. Williams of Baltimore who found that out of 10,000 cases of pregnancy 742 babies were born dead, 36 per cent of these infant deaths being due to syphilis. Emphasis was placed upon the importance of the discovery and treatment of the venereal diseases in pregnant women. She stated

that the treatment for syphilis seems to be more effective in pregnant women than in any other class of cases.

Dr. C. C. Pierce of the Public Health Service outlined briefly the work that had been done by the Public Health Service during the years 1918 to 1924 in establishing venereal disease agencies through the coöperation with the various state boards of health. He told of the advances that had been made during the past six years in improving methods of treatment of persons infected with gonorrhea or syphilis. Ultimate solution of the venereal disease control problem is, in his opinion, education and character building of children in the homes and schools. He told of a resolution that had been adopted by the British Commission on Problems of Population and Parenthood which he approved as a platform for work in this country. This resolution was as follows:

“In view of the vital importance of sex hygiene to the nation and since, owing to the lack of sound teaching, children and adolescents are at present acquiring a vitiated knowledge of this important subject, it is, in our opinion, urgently necessary that the state through the ministry of education should take steps to insure that every boy and girl in school should acquire biological and physiological instruction in sex and sex relations. They should also have ethical guidance as to the duties, privileges, and responsibilities of parenthood and the right way of living the sex life, together with some warning concerning the physical, mental, moral, and racial dangers which attend any lowering of the standards of sex morality.”

The sessions of the second day were held at the Chicago Woman's Club. Mrs. Edward Gudeman presided and Dr. Yarros was the first speaker. She described the work of the Chicago Social Hygiene Council and acknowledged the financial assistance that had been received from the Public Health Institute.

Dr. Lorenz of Wisconsin told of the value of mental examinations of prisoners confined in penal institutions in Wisconsin. Before any prisoner in Wisconsin is paroled or par-

done a mental examination is made for the guidance of the pardoning power in making a decision. He referred to the close relationship between feeble mindedness and venereal diseases.

He told of the work of the Wisconsin State Health Department in making free blood tests and explained that the state had made 125,000 of these tests for physicians in private practice in Wisconsin. The tests indicated that about five per cent of the rural population of Wisconsin are infected with syphilis. He pointed out the enormous economic loss from illness and lowered efficiency resulting from these diseases.

The next address was given by Captain Myron Adams. He told of his work among boys and pointed out the necessity for understanding child psychology before formulating standards for the conduct of children.

The next speaker, Dr. Thomas W. Galloway of the American Social Hygiene Association, whose subject was "Sex Education in the Home, in the School, and in the Community", stated that the most important work in the world was the guidance and training of children by adults. The objects of child training are two: first—health, and second—character. Health was defined as a very broad term including everything that increases the welfare of a human being.

He then pointed out the importance of the various phases of development and civilization which center around sex and reproduction. Reproduction was characterized as social and unselfish. Parents must sacrifice themselves for their children. He presented the theory that guidance of the sex urge plays a material part in the development of courtship, love, ethics, art, literature, and all that is prized by cultured people. He pointed out that sex has been in existence longer through the ages than any other attribute of human nature and that sex is closely related to religion as shown by the terms applied to God such as "father" and "love". He referred to the value of efforts to sublimate the sex impulses, which means substituting other outlets of activity than the purely

sexual ones for growing children, adolescents, and young adults.

At the close of the formal talk many questions were asked Dr. Galloway. In answer to one he stated that at the present time there is no pamphlet that he would recommend for parents to hand to children for the purpose of giving them sex knowledge. He emphasized the fact that sex instruction is better given personally and over long periods of time little by little so as never to advance beyond the needs of the child. Mention was made that on May 26th and 27th the American Social Hygiene Association will hold in Chicago a church conference on sex education.

In opening the afternoon session Chairman Dr. Herman Adler introduced Dr. William A. White who discussed the "Psychology of Sex Delinquency: Modern Methods of Diagnosis and Control." Dr. White pointed out that the motive actuating primitive people in dealing with delinquents is usually vengeance. In modern times this idea of vengeance has become modified so that we now think in terms of prevention and reformation. He showed that the primitive methods resulting from emotionalism are destructive and that modern methods actuated by motives of reformation and rehabilitation are constructive methods.

He pointed out that each human being represents a tremendous investment of energy which has accumulated throughout the past ages. He showed that it is not economical to destroy this accumulation of energy which can be directed and utilized to social advantage. He expressed the idea that the recognition and stating of a problem is one-half of its solution and that those who know the problem must prescribe the remedy. He showed how the church, law, and medicine are all conservative forces, and that changes for reform and progress are usually forced upon institutions by outside agencies. Each citizen should therefore take an interest in affairs and bring pressure to bear upon those in authority to remedy existing conditions.

He showed further that law defines crimes without consideration of the personality of the so-called criminal. He said that Dr. Glueck had examined 700 prisoners at Sing Sing and found that 59 per cent of these prisoners were obviously insane, feeble minded, or mentally defective. He stated his belief that a prison is not the proper place to confine such people and that prison discipline seldom results in reform, and that the whole prison system is based on rules applicable only to a few hopeless criminals. He pointed out that sex delinquency goes hand in hand with mental deficiency or feeble mindedness, emphasizing at the same time the fact that the feeble minded are not a 100 per cent liability to society if constructive methods of treatment are utilized.

He stated that much of the heavy work of the world is being done by people who would grade as feeble minded in a mental test. Feeble minded persons have a low sex urge and the idea that the feeble minded are prolific in reproduction and would overwhelm the normal minded population is erroneous. It is the case of the so-called normal minded man who takes advantage of the feeble minded girl that results in much of the procreation of feeble mindedness. He stated that if feeble minded persons are raised in the proper environment they form good habits which become relatively permanent whereas if they fall under vicious influence they form habits resulting in delinquency.

In the discussion which followed his address Dr. White referred to the fact that all of our rules and school systems are based on the supposed requirements of an average individual or school child. He illustrated that there is no average individual or child, except as a mathematical expression; that every one is either above or below the average. Dr. Yarros asked this question—If one-half or two-thirds of prostitutes are mentally sub-normal and, therefore, should not be punished, should those that are mentally normal be punished? Dr. White stated that he was not interested in any sort of punishment for any delinquency; that he was in-

terested in constructive measures that would correct existing evils.

The morning session of the third day opened at the Women's City Club with Mrs. Heffernan, a member of the Chicago Board of Education, presiding. She spoke of the home and school as agencies for influencing children in the earlier stages of their development, and emphasized the duties and responsibilities of the parent-teacher organization in coördinating the efforts of these two agencies.

Dr. William A. White then spoke on the topic "Mental Hygiene of Childhood."

Dr. White briefly outlined the history of the mental hygiene movement and showed that it started with an effort to improve the methods of caring for insane persons, the feeble minded, and criminals. Those interested in bettering the condition of these classes of persons began to try to devise ways of preventing the conditions they were trying to cure. It is believed by those interested in this problem that the personality of an individual is formed very early in childhood—probably by the sixth year, and this has led to emphasis on the importance of early mental examination and individual training of children.

He pointed out that all mental abnormalities are due to one or the other of two causes: (a) Some fundamental deficiency in the child's make-up which causes permanent impairment; (b) bad influences surrounding normally endowed children causing the personality to be distorted. He stated that segregation in the schools of the fundamentally impaired children from those normally endowed is absolutely necessary. He told of various clinics that had been established by the Mental Hygiene Committee to furnish guidance for the solution of the problems of childhood.

He said that it has been found out that the home is preëminently the important influence because the child's personality is usually formed by the time he enters school. He also reminded those present that children are in school only four or

five hours each day and are, or should be, under home influence the remainder of the time.

He told of some universities that have added mental hygiene to their health programs with excellent results. He expressed the view that physical health is not paramount to mental health in its value to society. He also stated that while the best time to correct difficulties is early in life much can still be done to assist adults in making re-adjustments to their environment. He heartily endorsed the work being done by lay social workers trained in psychology.

Dr. White emphasized the importance that a good example on the part of a parent has in developing the right attitude of the child towards sex. He stated that parents should always truthfully answer any question the child asks in regard to sex and reproduction. The parent should know how-ever exactly what it is the child wants to know and then answer only the question in the child's mind and not attempt to give further information. In other words an effort should not be made to give the child more information than its natural curiosity requires.

Dr. Thomas W. Galloway spoke on "Sex Hygiene and the Psychology of Adolescence." He emphasized the value of positive health, that is the development of the physical and mental strength of all children rather than the placing of chief emphasis on the correction of existing physical or mental difficulties. He pointed out that during the years of adolescence—each young person has to make all of the adjustments both objective and subjective that the human race has made during its long period of development. At this period each young person either develops into a higher social type or degenerates into a lower personal and selfish type. He showed that it is important for the youth of each sex to understand the sex qualities of the opposite sex and that young persons should be told something of what is taking place within them. He pointed out that it is the obligation of mature persons to interpret to youth the meaning of these

changes and to guide them in the proper development of a satisfactory social adjustment.

Following Dr. Galloway's address, Miss Elizabeth Woods discussed the two lectures of the morning and gave examples of the practical application of mental hygiene to children. She stated that in Wisconsin a course in mental hygiene was being given to all teachers at the normal schools.

At the luncheon meeting Mrs. Harold Ickes presided. She introduced Professor George H. Mead who spoke on the "Future of the School." Professor Mead pointed out the great financial expense of schools, but said that no expenditure will give better returns on the investment than that spent for education if properly administered. He pointed out the necessity of training the child to control its instinctive tendencies, but advised that the control itself could only come through experience and, therefore, parents and teachers should guide the child rather than impose authoritative standards upon him.

He spoke of the value of mental tests for children and the impossibility of giving special attention to children, except through individual teaching which adds greatly to the already tremendous expense of maintaining our educational institutions. He expressed the view that the most important change in our educational system in the future will be a better adjustment between the school, the home, industry, and the community.

The next speaker was Rev. James A. Richards who spoke of the "Future of the Church." Mr. Richards said that throughout the ages certain groups had been predicting the decay of the church, but that at the present time, in his opinion, there is a growth of religious development throughout the world caused by a re-discovery of Jesus in history. He pointed out the relationship between psychology and religion, and showed how, through the former, religion may be brought more closely into contact with life and its problems, and ministers be prepared to be more positive and construc-

tive in their advice and in their guidance of youth. He emphasized the necessity and value of purity in both sexes prior to marriage.

Dr. Yarros then spoke on "The Future of the Home." She emphasized the fact that the sharing by women of social and political equality with men carries with it an equal sharing of responsibilities. She stated that the present development of home life is not accidental, but is a result of trial and error of methods throughout the ages. Efforts should be made to promote the scientific study of the relationships involved in the home. It is essential that the youth of both sexes have equality, not only in privileges but in duties.

"Women," Dr. Yarros said, "should enter marriage with unselfish ideals and a recognition of the responsibilities to be assumed, rather than thought of the privileges and protection resulting from marriage." In her opinion divorces are usually caused through a lack of understanding and an abuse of the sex impulses. She pointed out that love in marriage should be the same as love during courtship. She expressed the belief that proper regulation of the number of children in the home is important. She also emphasized the economic dependence of married women as one of the causes of friction which should be removed by a proper mutual agreement between the man and wife.

Miss Jane Addams, the closing speaker, spoke on "Community Work in the Future." She told of her recent world tour and of the conditions affecting women in India, Burma, China, and Japan. Her observation showed that there is a problem all over the world just as there is in the United States in regard to sex adjustment and the more definite defining of the duties, functions, responsibilities, and privileges of the sexes. This problem is one of great magnitude, and the importance of the value to the race of better adjustments of sex relationships cannot be over-emphasized.

EDITORIALS

THE APPROPRIATION FOR VENEREAL DISEASE CONTROL

The control of dangerous communicable diseases is logically a duty of official health agencies, national, state, and local. Pioneers in social hygiene had this thought in view in their consideration of measures for the control of venereal disease, from the very start of the movement but only within the past six years has their purpose been accomplished.

Far thinking sanitarians realized long ago that the venereal diseases were among the most prevalent and malignant of communicable diseases. Owing largely, however, to the confounding of the medical and moral factors involved in their control, it was a long time before public opinion was sufficiently consolidated in favor of the program for venereal disease control to warrant the widespread expenditure of public monies in its application.

When we stop to think that a mere six years ago there were fewer than 200 clinics throughout the United States where syphilis and gonorrhea were being treated, as compared with the more than 800 now operating, we can measure, to some extent, the tremendous strides which have been made. Notable, also, is the dignified plane which treatment by private physicians has attained when compared with the attitude formerly existing.

Among the most significant of recent tributes is the passage by Congress of the Bill appropriating \$149,000 for venereal disease control work by the United States Public Health Service during the fiscal year 1924-1925. Owing to the necessary additional emphasis placed on venereal disease control measures during the period of emergency prior to and during our participation in the World War, a small minority of legislators considered this program as one which was re-

quired only to meet war exigencies, and which might be allowed to diminish in activity after those exigencies had passed. The fundamental unsoundness of this argument was exposed by leaders in the public health field to the complete satisfaction of the members of the Senate and House Appropriations Committees. As a result the full amount originally appropriated for venereal disease control work in 1924, *i.e.*, \$149,000, has been allotted, and the United States Public Health Service, through its Division of Venereal Diseases, will have this amount to work on.

The general accord in this step was well expressed by *The Journal of the American Medical Association* (April 26, 1924) which says, editorially: "It is, of course, easily apparent that venereal disease prevention is in no sense exclusively a war-time measure but one that must be given a place of importance in any organized peace-time program of public health. The seriousness and the ravages of these diseases and the odium that has been attached to the names of syphilis and gonorrhea have kept the public from being properly informed. The gradual awakening to the fact that this is a serious problem which requires the active efforts of organized control work is encouraging."

THE MAKING OF A BANDIT

For the past few weeks we have read extensively concerning the exploits of a New York girl of twenty years of age, "the bobbed haired bandit". Seen through the eyes of newspaper men with a penchant for the sensational and dramatic, her life has been colorful and romantic, full of daring adventure and baffling mystery. Through the news story, as it unrolled from day to day, moved a unique personality—forceful, vigorous, daring, and elusive.

After the girl's arrest but prior to her sentence to a long term of imprisonment, a probation officer came forward with another version of her life history—a version which exposed the illusory character of this apparently glamorous existence.

From realistic records kept by social agencies which have known the girl and her family, there is gleaned a story sad and pitiable, a story of a neglected childhood, a misguided youth, and a young womanhood ending in crime and imprisonment. Five years before the "girl bandit" was born, the home of her parents was declared by the courts to be an unfit place for the rearing of children, and the older brothers and sisters were ordered removed and placed in an institution. Born of an illiterate mother, who had herself given birth to an illegitimate child before her marriage to the girl's father, and a father who had suffered repeated arrests for drunkenness and disorder, the girl herself was passed along from one unwholesome environment to another.

With no background of sound family relationships to influence her thought and conduct and with no wholesome formative influence supplied by the agencies which intervened in her behalf, her girlhood was spent in a series of sordid adventures with sailors picked up on the waterfront and other men whom she met by chance. When friends with whom she lived offered objection to those relationships, she merely moved to another place and continued in her manner of living. At no time was there any effective intervention by family, friends, or the agencies of organized society to direct into socially approved channels her apparently excessive vigor and her enthusiastic response to life's instinctive urge. Untaught and unguided, she moved from one series of offenses to others more serious, which ended in her abrupt check by officers of the law.

On the community responsibility an editorial in the *New York World* of May 8th says:

"Her crimes are on our heads too. No record could be clearer or more eloquent. None could leave less room for doubt that Cecilia Cooney is a product of this city, of its neglect and its carelessness, of its indifference and its undercurrents of misery. We recommend her story to

the pulpits of New York, to the school men of New York, to the lawmakers of New York, to the social workers of New York, to those who are tempted to boast of its wealth, its magnificence and its power.'"

Might it not be well to include in these recommendations the parents of New York and those of the entire country? Surely, the home, as our greatest social institution, can learn much from this sordid episode. At least it illustrates most strikingly the dangers of bad environment and lack of sex guidance.

THE 1924 PUBLIC HEALTH SUMMER SCHOOLS

The six-week courses on public health to be given in the 1924 Summer Schools at Columbia University, The University of California, The University of Iowa, and The University of Michigan promise much of value to physicians, surgeons, sanitarians, public health nurses, and all others working in this field. Social hygiene has been given due emphasis in these courses and competent lecturers on its various phases have been provided.

The several universities are carrying on this summer work in coöperation with the United States Public Health Service, and many of the national voluntary agencies, including the American Social Hygiene Association, are aiding with personnel and informational material in the way of literature, exhibits, and motion pictures.

Those persons interested in using a portion of their summer time for gaining additional knowledge and experience as well as a fair amount of recreation and entertainment will do well to ask for the final General Announcement of these courses. Address the United States Public Health Service, Washington, D. C.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	299
The Forum	311
Book Reviews	315
Briefer Comment and Publications Received.....	319
Social-Hygiene Bibliography	320

Annual Report of the Committee of Fourteen.—The annual report of the Committee of Fourteen for 1923 is a significant account of the varied and valuable efforts of a voluntary agency in assisting public agencies in the suppression of prostitution.

Since the extension of the Committee's work in 1912 to include the fight against all forms of commercialized prostitution its members have been instrumental in securing an Injunction and Abatement Law and amendments to the Tenement House Law making its provisions more effective against the owner as well as against the prostitute and her exploiters. Assistance was also given in securing amendments to the Code of Criminal Procedure which makes prostitution a violation of law regardless of where committed.

At the annual meeting on November 20th, 1923, it was decided to seek an amendment to broaden the existing law of New York State "so as to include among those classed as vagrants, persons who pay or offer or agree to pay any money to another person as compensation for an act of sexual intercourse or other lewd or indecent act."

"The purpose of the proposed amendment is twofold:

(1) To reduce the spread of venereal disease which not infrequently infects innocent persons by bringing those who consort with prostitutes under the control of the Health Department.

(2) To reduce further the amount of commercialized prostitution by creating a definite deterrent to those who would be customers of prostitutes."

The Committee also reports close observation of court proceedings during the past year and the bringing of results to the attention of the judges thereby enabling them to do more effective work.

The Committee's secretary Mr. Frederick H. Whitin spent some time during the year in the study of vice conditions in London and the results of his observation have been incorporated in the report.

In the report of the chairman, Mr. Percy S. Straus, the present situation with respect to vice conditions in New York is described as follows:

"While New York has less open vice than any other of the world's large cities the improvement has been maintained only through the continuance of the efforts by which this condition was secured; for vice, by which is meant in this particular instance, commercialized prostitution, continues to exist in the secret places ready to appear again in the open when vigilance is relaxed."

Venereal Disease Control in Hawaii.—The Report of the President of the Board of Health of the Territory of Hawaii for the fiscal year ended June 30, 1922, contains an account of the progress of the movement toward venereal disease control in Hawaii. At the session of the legislature in 1921 provision was made for the opening of a clinic in Honolulu. Through assistance from private agencies necessary buildings and equipment were secured and the clinic opened in August of the same year.

The report of the clinic for a period of 11 months shows a total of 261 patients examined. Of these 40.2 per cent were declared to be infected with a venereal disease. In this group 59 per cent were suffering from gonorrhea and 41 per cent from syphilis. Fifty-seven per cent of the infected persons were men and 43 per cent were women. The President of the Board of Health reports that the efforts put forth during the year have revealed the following problems which must be met before venereal disease control in the territory can be made effective:

"The necessity for appropriate legislation in regard to the reporting of cases of venereal diseases; control of infected persons; prohibition of the sale of nostrums by drug stores for self-treatment; adequate appropriations for the enlargement of the clinic, and establishment of clinics for each island, and for hospital care of such cases as are unable to financially bear such a burden."

New Executive for National Health Council.—Dr. A. J. Lanza has been appointed executive officer of the National Health Council, according to a statement given out by the Council. Dr. Lanza comes to this position after three years absence in Australia where he assisted in the organization of the Commonwealth Health Department. He was formerly an officer in the United States Public Health Service and during the war performed notable work in developing industrial hygiene in this country. He succeeds Dr. Donald B. Armstrong, who resigned on January first. During the interim Mr. James A. Tobey, administrative secretary of the Council, has been acting as executive. Officers of the Council for 1924 include Dr. Lee K. Frankel, Chairman; Dr. W. F. Snow, Vice-Chairman; James L. Fieser, Recording Secretary; and Dr. Linsly R. Williams, Treasurer. The National Health Council comprises twelve of the leading national voluntary health agencies of the country, together with the United States Public Health Service and the United States Children's Bureau as conference members. Among numerous other activities, the Council is urging periodic health examinations for all persons, believing that if all the people would have such regular physical inventories and would profit by the medical and hygienic advice derived from them, twenty years could be added to the average length of life in this country during the next half century.

Dr. John H. Stokes.—Dr. John H. Stokes who has long directed the Section of Dermatology and Syphilology of the Mayo Clinic, Rochester, Minnesota, will sever his connections with that institution on August 1st, 1924, in order to take up his new duties with the University of Pennsylvania. Dr. Stokes has been elected Duhring Professor of Dermatology and Syphilology in the Medical School of the University.

The Wayward Minor Law of New York State.—Under the Wayward Minor Law of New York State, females between 16 and 21, who are intemperate or use drugs, who are found in disorderly houses, who associate with prostitutes, criminals, or disorderly persons, or who are wilfully disobedient to the reasonable commands of parents or guardians and in danger of becoming morally depraved, may be committed to reformatory institutions or placed upon probation.

When the Act was originally proposed in 1923, it provided similar protection for boys of the same age. This advanced proposal was not

acceptable to the legislators, though some sentiment was found for including boys of 16 and 17.

According to present usage those females charged with being Wayward Minors are arraigned in New York City in the Women's Court. Those who are so determined are not finger printed as are prostitutes, for they have committed no crime, nor are they examined physically except as the judge directs it, that he may be informed as to need for medical attention.

These cases now constitute no inconsiderable part of the work of that court and of the probation officers attached to it. Their number has been: 1918—121; 1919—214; 1920—312; 1921—398; 1922—313; 1923—310. The decrease in 1922 and 1923 is due to the insufficiency of the law. This insufficiency has been removed by the 1924 amendment, which is the last of the acts enumerated.

Half of those found subject to the law in New York City in 1923, had had or were believed to have had immoral relations. Many of those charged with improper associates were found in "closed" dance halls frequented by Orientals.

Over a third of those committed under the Act in 1923 were sent to the hospital for treatment of venereal disease, and a similar proportion to reformatory institutions. In a considerable number of the cases in which the charge of waywardness was not sustained, it was found that the complaining parent had made unreasonable demands—cases of maladjustment and misunderstanding of a foreign-born parent and an American raised child.

Authorities believe that the law as it now stands should be effective in reducing the seemingly never ending stream of "first offenders" for prostitution in the New York Court, at least in so far as that stream has its sources in that city.

The law constitutes Section 913-a of the Code of Criminal Procedure, as amended by Chapter 389 of the Laws of 1924, and is stated as follows:

AN ACT TO AMEND THE CODE OF CRIMINAL PROCEDURE, IN RELATION TO WAYWARD MINORS.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Section nine hundred and thirteen-a of the code of criminal procedure is hereby amended to read as follows:

§ 913-a. Any female between the ages of sixteen and twenty-one who either (1) is habitually addicted to the use of drugs or the intemperate use of in-

toxicating liquors, or (2) habitually associates with dissolute persons, or (3) is found of her own free will and knowledge in a house of prostitution or assignation or ill fame, or (4) habitually associates with thieves, prostitutes, pimps or procurers or disorderly persons, or (5) is wilfully disobedient to the reasonable and lawful commands of parent, guardian, or other custodian and is in danger of becoming morally depraved may be deemed a wayward minor.

§ 2. This act shall take effect immediately.

National Conference of Social Work.—The fifty-first annual meeting of the National Conference of Social Work will be held in Toronto June 25th to July 2, 1924. Announcement of the tentative program for the meeting includes a series of general sessions running throughout the entire meeting in which questions relating to the whole field of social work and to the relationship existing between the various social agencies will be discussed. Similar series of meetings for the seven sections have been planned. These section meetings are for the discussion of special problems relating to children; Delinquency and Correction; Health; The Family; Industrial and Economic Problems; Neighborhood and Community Life; Mental Hygiene; Organization of Social Forces; Public Officials and Administration; and the Immigrant.

Various kindred organizations and groups which will hold meetings immediately prior to or during the week of the annual session are: The Canadian Social Hygiene Council; the American Association of Social Workers; the American Association of Social Service Exchanges; the American Association of Hospital Social Workers; the American Association for Organizing Family Social Work; the American Red Cross; the Household Economics Group; the Inter-City Conference on Illegitimacy; the National Association of Travelers Aid Societies; the National Child Welfare Association; the National Federation of Day Nurseries; the National Federation of Settlements; the National Information Bureau; the National Probation Association.

Syphilis in Prenatal Cases.—Recognizing the importance of ascertaining the presence of venereal disease in maternity cases the Public Health Committee of the Academy of Medicine, New York City, has recommended that a Wassermann test be made in every such case preferably before admission to the hospital.

The recommendation was made after it was discovered as a result

of an inquiry to several of the maternity hospitals that from 2.9 per cent to 10 per cent of the women admitted to the obstetrical services are syphilitic.

Parliamentary Bills Affecting Family Life.—A bill introduced into the House of Lords by Lord Buckmaster aims to secure the legitimation of children born out of wedlock by the subsequent marriage of the parents. An amendment to the original provisions of the bill to the effect that the parents must have been free to marry at the time of the child's birth was moved by the Archbishop of Canterbury and carried.

Details in regard to succession to property are dealt with by Lord Buckmaster on the following lines:

(1) The legitimated child shall have no right of inheritance under entail or trusts which have been created before the Act comes into force.

(2) After the Act is passed it shall share alike with other heirs, and may inherit under an intestacy as if born legitimate, but if the right of succession to any of the property depends on seniority in the family, the legitimated child is to rank in the family as if born at the date of the marriage of his parents, thus it will not usurp the rights of a legitimate child born of the first marriage.

(3) No legitimated child may inherit a title, and if property is entailed to go with a title it must pass to the legitimately born heir who inherits.

(4) If the illegitimate child has died before the marriage but has left children they may inherit as if the father or mother had been legitimated by the marriage.

(5) A legitimated child shall pay death-duty as if legitimately born instead of as a "stranger-in-blood" as it does at present.

(6) It shall have the same right to maintenance as if legitimately born.

The bill passed its second reading on February 21.

Another bill introduced by Lord Buckmaster has extended the list of causes for which a divorce may be granted to include, besides adultery, desertion, cruelty, drunkenness and incurable insanity, or imprisonment under a commuted death sentence. Cruelty would include the communication of venereal diseases or compulsion to prostitution.

If a defendant was at the time of his marriage suffering from a

venereal disease in a communicable form at the time of marriage the fact is:

“(1) Made a ground for the marriage to be voidable, which in its turn allows any married person, or any person who has gone through the form of marriage, to apply to the High Court for a degree of nullity of marriage.

(2) Is one of the grounds on which persons may apply to a court of summary jurisdiction for a temporary separation.”

“Again, the expression ‘cruelty’ means such conduct by one married person to another as makes it unsafe, having regard to the risk of life, limb or health, bodily or mental, for the latter to continue to live with the former, and the following facts:

“(a) That one party to a marriage has knowingly or negligently infected the other with venereal disease, and

(b) that a husband has compelled his wife to submit herself to prostitution.”

A bill introduced by Mrs. Wintringham into the House of Commons, the main provision of which was to give a mother an equal right and status with the father in regard to their children, reached a second reading on April 4th.

The Challenging of Monogamy.—Bertrand Russell in the first of a series of articles on modern sex relations to be published in *The Nation* sets forth his views with regard to our changing moral standards. Comparing the systems of ethics prevailing among peoples of different social and economic environment, he arrives at the conclusion that the ethical considerations which govern our conduct in respect to marriage to-day are not the eternal divine ordinances which they are believed to be by some but are susceptible of changes and, in some respects at least, of improvement.

The ideal to be aimed at, he suggests, is not a life long monogamy enforced by legal or social penalties but an ideal “that all sexual intercourse should spring from the free impulse of both parties based on mutual inclination and nothing else.”

“The indissolubility of marriage results in appalling misery for the wives of drunkards, sadists, and brutes of all kinds, as well as great unhappiness for many men, and the unedifying spectacle of daily quarrels for the unfortunate children of ill-assorted couples. It involves also an immense amount of prostitution, with its inevitable consequence of widespread venereal disease. It makes marriage, in

most cases, a matter of financial bargain between parents, and virtually proscribes love. It considers sexual intercourse always justifiable within marriage, even if no mutual affection exists. It is impossible to be too thankful that this system is nearly extinct in the Western nations (except France). But it is foolish to pretend that this ideal held by the Catholic church and in some degree by most Protestant churches is a lofty one. It is intolerant, gross, cruel, and hostile to all the best potentialities of human nature. Nothing is gained by continuing to pay lip-service to this musty Moloch."

The Child Labor Amendment.—According to an announcement from the National Child Labor Committee, the Governors of most of the states have accepted the Committee's invitation to appoint official delegates to the National Conference on Child Labor which is scheduled for Washington, D. C., on May 27-28. The intensity of public opinion and the spirited controversy on the subject of the Child Labor Constitutional Amendment which is now being waged in the newspapers all over the country lead the State Executives to feel that they cannot afford not to be represented at this timely Conference, which is certain to be a scene of lively discussion and may produce results of a very definite nature.

The House of Representatives passed the bill for the Amendment several weeks ago by a vote of 297 to 69, but it has yet to come to a vote in the Senate. Feeling in Congress, as everywhere else, is running high on this subject.

Certain groups who are opposing it, says the Committee's statement, are laboring under the delusion that this Amendment is a law definitely prescribing ages and limits for children's labor. Of course all arguments based on this theory are invalid, inasmuch as the Amendment is merely an enabling act, carrying in itself no prohibitions or prescriptions whatever. It is simply meant to clear away the present disability of Congress, under the Supreme Court's decision, to exercise any control over children's labor in the United States.

Those who think that the Child Labor Amendment would result in the prohibition of all work to children under 18, that husky 17-year-old farmer boys would not be allowed to milk the cow under a stern federal regime, that the states would lose the precious rights reserved to them under the Constitution—those who have had these

and other extravagant arguments against this Amendment poured into their ears by earnest and bitter opponents of this measure will find in the approaching Washington Conference opportunity to learn whether or not their fears are justified.

Representative Foster of Ohio and Senator Shortridge of California, sponsors of the Amendment bill in the Senate and the House, will be among the speakers who promise to make these sessions interesting and momentous ones. The present status of child labor in this country, the reasons which make the Amendment necessary, the way in which the Amendment would operate, the experience of the country during former periods of Federal legislation on child labor—these are some of the questions to be discussed by government and labor officials and leaders of the various large national organizations who are backing this Amendment.

Those social hygienists who agree with Dr. J. J. Heagarty's contention,* "It is common knowledge that the majority of prostitutes are recruited from the ranks of girls who leave school at or before the fourteenth year", will be keenly interested in observing the course of this Amendment.

National Congress of Mothers and Parent-Teacher Associations.—The twenty-eighth annual convention of the National Congress of Mothers and Parent-Teacher Associations was held in St. Paul, Minnesota, May 5th-10th. The name of the organization was changed to the National Congress of Parents and Teachers. This change was made because of the desire to emphasize the fact that responsibility for child care and training is not only maternal but paternal. The principle was reiterated that the Congress is an organization of individuals and not of associations. The membership this year registered 651,000, an increase of 130,000 over last year. Thirty-seven states were represented.

The convention was held at the Hotel St. Paul, and Mrs. A. H. Reeve, the National President, presided. More than four hundred delegates attended the opening banquet, at which Miss Ella Boyce, President of the International Kindergarten Union, and Mrs. Anna Steese Richardson, Editor of the Good Citizenship Bureau of the Woman's Home Companion, were guests of honor.

*"Education in Relation to Prostitution", JOURNAL OF SOCIAL HYGIENE, March, 1924.

"Training for Parenthood" was the convention theme, and a notable group of educators presented the subject from various angles. Among these were: Miss Alma Binzel of the Federation for Child Study, New York City; Dr. Bird T. Baldwin, Director of the Child Welfare Research Station, Iowa; and Dr. William B. Owen, President of the Chicago Normal College and former President of the National Education Association.

The session of May 7th, held in conjunction with the second annual Home Education Conference, under the direction of the United States Commissioner, Dr. John J. Tigert, at the University of Minnesota, covered the topics of "Extension Service for Home Education," "The Library in the Home Education Movement," "The Value of the Press" and "Practical Methods of Coöperating for Education of Parents." There were several men delegates who took part in the discussion and added materially to the interest of the meetings. At a breakfast attended by nine fathers, it was voted to ask the resolution committee to present for adoption a resolution calling for at least one man delegate from each state to represent fathers at future conventions.

The report of the Extension Chairman showed that Parent Teacher Associations are getting well started in South America; the Congress literature has been translated into Portuguese; and the mission schools are fostering the movement. Hawaii was reported to have a number of associations affiliated with the National Congress.

An attractive feature of the convention was the coöperative exhibit to which twenty national welfare organizations contributed. Prominent among these was the social hygiene exhibit, representing the work of the American Social Hygiene Association.

Economic Aspects of Turkish Marriage Reform.—Following the ban on polygamy in Turkey, certain of the municipalities have undertaken the specific regulation of the marriage ceremony in the interest of economy. Marriage customs the observance of which have hitherto led to great display and extravagance have received the major share of attention (*Indian Social Reformer*).

In Aksher, a little town in Anatolia, says a Turkish paper, music cannot be had in a marriage ceremony unless the drummer obtains a permit one day in advance. He is not allowed more than five pounds for playing two days and two nights. Only three vehicles, the rates

being strictly fixed, may be sent to fetch the bride. It is also forbidden to give tips, to adorn the bride with gold coin, to decorate the carriages, to give the bride more than two suits of clothes or one set of furniture and to exhibit the dowry. Lastly even marriage presents are banned.

Children and the Motion Picture Problem.—Believing that there is a dearth of motion pictures suitable for children of pre-high school age the Better Films Committee of the National Congress of Mothers and Parent-Teachers Association is now urging mothers not to permit their children under ten years of age to attend the movies. After a study of the programs of 102 theaters advertising in the Sunday newspapers the conclusion was reached that there were only two or three of the films advertised which were suitable for a child under sixteen years of age. The films as a whole were judged to be “too exciting and emotionally stimulating for the younger child”.

The following suggestions for local Parent-Teacher Association and mothers were therefore sent out:

“Keep your babies away from the motion-picture theater. Do not give them the movie habit. Habits are hard to break. A community nursery is vital to-day.

“If you do not have a law to prohibit the showing of improper films for your boys and girls to see, then work for such a law, or else a law that will prohibit your boys and girls from attendance at any shows unless accompanied by an adult.

“Organize worth-while recreation for your children from five to ten years of age. Keep them wholesomely busy after school hours, playing games, reading good books, skating, athletics, and last but not least, organize classes in dramatics. They love to act. Give them this chance. It will do more than anything else to keep them away from the movies.

“Patronize only the indorsed films when you do go to the movies. Always go with your children if you possibly can. Do not think of the theater as a safe place to send them alone. It is not. It may take you a year to undo all they learn in one afternoon, so you are really making work for yourself instead of getting a few hours' rest as you suppose.

“When a bad film comes to town, give a party for your children and their friends. And don't forget the little boy just around the

corner, who needs your help and sympathy most. Help him to avoid the vicious show. Help him to make good. There are too many ready to help him to go wrong, too few to give him the helping hand.

“Remember that patronage makes production. Whenever you attend a show, the exhibitor and producer of that show consider your presence an approval of that show. Whenever you stay at home, they consider it a disapproval.”

Oregon's Board of Eugenics.—A law recently enacted by the legislature of Oregon alters considerably the authority and procedure of the State Board of Eugenics by providing legally sound and constitutional means for preventing reproduction by degenerate human family stocks. The Board of Eugenics is made to consist of the members of the state board of health, the superintendent of the Oregon State Hospital, the superintendent of the Eastern Oregon State Hospital, the superintendent of the state institution for the feeble-minded, and the superintendent of the Oregon state penitentiary.

Each of the superintendents of the state institutions who are members of the board are required to report quarterly to the state Board cases of “all persons, male or female, who are feeble-minded, insane, epileptic, habitual criminals, moral degenerates, and sexual perverts who are, or in his opinion are likely to become, a menace to society”.

The procedure of the Board is then outlined as follows:

“It shall be the duty of the state board of eugenics to examine into the innate traits, the mental and physical conditions, the personal records and the family traits and histories of all of the persons so reported, so far as the same can be ascertained, and for this purpose said board shall have the power to subpoena witnesses, which subpoena shall be issued by said board and served in like manner and with like effect as subpoenas in criminal cases in the circuit court, and any member of said board may administer an oath to any witness whom it is desired to examine in such proceeding; and if in the judgment of a majority of said board procreation by such person would produce a child or children having an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality or degeneracy, or who would probably become a social menace or ward of the state, and there is no probability that the condition of such person so investigated and examined will improve to such an extent as to avoid such consequences, then it shall be the duty of such board to make an order embodying its conclusions with reference to such person in said respects and specifying such a type of sterilization as may be deemed by said board best suited to the condition of said person and most likely to produce the beneficial results in the respects specified in this section.”

Decrease in the Incidence of Syphilis in France.— In a communication from the Paris correspondent of the *Journal of the American Medical Association* mention is made of the recent study of the “disappearance of syphilis” by Dr. Paul Salmon of the Pasteur Institute. From reports received from the various cities of France Dr. Salmon concludes that there has been an undeniable decrease in the number of new infections within the period since the war.

This decrease is attributed by Dr. Salmon to two sets of causes, the medical and the social. The more effective methods of treating venereal diseases made use of in the last decade and the great number of young men subjected to intensive treatment under the military regime account to some extent for the lessening incidence of the diseases. With reference to social causes Dr. Salmon points out that within the past decade the number of salaried women resorting to immorality to supplement their income has increased, this group of women replacing to some extent the common prostitute of the pre-war period. Syphilis is said to be rare among this group of young working women. “Furthermore the war eliminated two million men in the most active period of their life and the war was followed by an epidemic of marriages which withdrew from circulation many potential victims of syphilis.”

In order to eradicate syphilis social as well as medical treatment is urged. Instead of building a new hospital prison and retaining police supervision of prostitutes it is proposed that the money so spent be employed for the suppression of prostitution and the rehabilitation of prostitutes.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

THE ORIGIN OF SYPHILIS

To the Editor:

Perhaps the enclosed quotation from the *Candide* of Voltaire, published in 1759, may be of interest to some of your readers.

“The following day while out walking he (*Candide*) met a creature whose face was all covered with running sores. His eyes were expressionless, the end of his nose was rotting off, his mouth was

crooked and his teeth all decayed. When he tried to talk he was suffocated with a violent cough and with each spasmodic effort he spat out a tooth. Candide, overcome more with pity than with horror, gave to this repulsive creature the two florins which he had just received from his honest friend Jacques. The phantom burst into tears and flung his arms around the neck of Candide who, frightened, withdrew hurriedly. . . . He then asked Pangloss (for he recognized in this creature his former friend and teacher) what had reduced him to such a pitiable condition. 'Alas,' said Pangloss, 'it is love! Love, the consolation of the human race, the preserver of the universe, the soul of all responsive beings, tender love!'

" 'Alas,' replied Candide, 'I know that love—that love, sovereign of our hearts and soul of our souls! It gave me nothing indeed but one kiss and twenty kicks in the flanks. How could this beautiful thing have produced in you such a horrible result?'

"Pangloss replied as follows: 'Oh, dear Candide, you remember Pacquette, the pretty maid of our august Baron. It was in her arms that I tasted the delights of paradise which produced these torments of hell by which you see me devoured. She had them before me and in all probability she has died of them. Pacquette received this present from a very learned monk who could trace his possession of it to the original sources, for he had received it from an aged countess, who had it from a cavalry captain, who owed it to a marquise, who had been infected by a page, who in turn, had received it from a Jesuit who, when he was a very young novice, had it direct from one of the companions of Christopher Columbus! For my part I will certainly not pass it on to anyone for I am dying!'

" 'Oh, Pangloss, what a strange genealogy. It was surely Satan, wasn't it, who was the real source of this disease?' 'Not at all', replied this great man, 'it was a necessary ingredient in this best of worlds for if Columbus had not caught, in an island in America, this disease which poisons the source of generations and which often even prevents the possibility of new generations, and which is evidently the antagonist of the great object of nature, we would have neither chocolate nor scarlet dyes. Further, one must know that on the continent of Europe this disease, together with voluminous argumentation, is our peculiar possession. It does not yet exist among the Turks, the inhabitants of India, the Persians, the Chinese, Siamese nor the Japanese. In the meantime, it has made remarkable progress among us and particularly in our great armies composed of honest,

well-bred, hired soldiers who determine the destinies of Governments. One may be sure that whenever an army of 30,000 is battling against another of equal number that there will be about 20,000 pockmarked on each side.'

" 'Well, that is admirable', exclaimed Candide, 'but we must cure you!' 'And how', said Pangloss. 'I have neither money nor friends and nowhere on this globe can one be bled or even take a douche for nothing.'

"To finish this translation I will add that Candide secured the interest of a rich person who subjected Pangloss to treatment at his own expense, and that Voltaire adds: 'Pangloss was cured and only lost one eye and one ear in the process.' "

C. O.

SAVING SYPHILITIC CHILDREN IN RUSSIA

To the Editor:

I was having dinner at the home of former President Rakovski of the Ukraine, now Russian ambassador to Great Britain, when Mrs. Rakovski invited me to go with her to inspect some children's homes of the Board of Health, for which she acts as inspector in addition to her job as housewife to the president.

I saw many clean, well-organized institutions—a maternity hospital which cares exclusively for the wives of workers, who are entitled to it through their husbands' insurance; a day nursery, exquisitely arranged, of which I was told there are ten in Kharkov, besides those run by the larger factories, and those run by the Department of Education for older children. "We can supply all the demand that has arisen so far among working mothers for this accommodation", said Mrs. Rakovski.

But the picture that remains with me longest is the house of the Syphilitic Children on the edge of Kharkov.

When first I saw the poor little wretches on the lower floor, sitting so patiently, with bandages across their noses or horrible sores on their heads—I wondered if it would not be kinder for an unsentimental government to take them to a chloroforming room instead. It was such a disgusting mess of human ugliness—these innocent bundless of contagion, left by another's sin. They had been picked up in the streets of Kharkov, abandoned by mothers who did not want them.

"They are under constant treatment", said the doctor. "Upstairs you will see how they improve."

I saw the children upstairs. The sores were gone under the wonderful specific treatment, faithfully given. They were still pale and rather tired-looking, for the poison was not yet out of their systems; but they were no longer a danger to those around them; they no longer created disgust.

And then I saw them dancing—folk dances of the Ukraine. One little girl was like a fairy in the charming solo dance she gave to the delight of the others. And I heard them singing, clustered round the piano which was played by one of the attendants. They were cheerful little souls, eager for living. And I marvelled at the devotion that had created such a center of human joy out of so much degradation.

I went nearer to the piano. The music was all written out painfully by hand; "we have not yet been able to afford printed music", they told me. Those were the conditions of want in which that home had been created.

I inquired to what extent they were able to take care of all the children in Kharkov. "All those with open manifestations", said the doctor, "we can care for at once. We must, to avoid infecting others. Of those who show no outward signs, we care for a large proportion of those we discover, but of course we discover usually only the abandoned children, whom we test by blood analysis. We expect soon to divide the home, sending all the non-contagious cases to a separate more normal home, and making more space here to bring in contagious cases from the villages".

"Everything is so much better than a year or two ago", said Mrs. Rakovski. "When I think of conditions then—with the heating systems broken, and the water pipes frozen, and the children so cold without underwear or shoes. But now, the clothes are poor, but at least they are clean and warm. We have coal for six months ahead. We lack mainly enough food for proper nourishment, for all our institutions are still on scanty rations. Tell the friends outside to give us that. If not, we shall perhaps do better after next harvest. The improvements of the past year give us great hope for the future."

ANNA LOUISE STRONG.

MOSCOW.

BOOK REVIEWS

A PLEA FOR MONOGAMY. By Wilfred Lay, Ph.D. New York: Boni and Liveright, 1923. 300 p.

Psychoanalytically, monogamy is a failure, if it be conceded that, as Lay remarks, fifty to seventy per cent of men are too uninterested or too ignorant to develop their wives' eroticism to the point of greatest exaltation. Hence the plea for monogamy becomes a plea for a new art of love.

There is a comforting promise for the future, because the author asserts that ninety-nine per cent of marriages need not be dissolved, if man wishes to learn how to avoid it. Thus one is led to the crux of the situation—man is the main factor in the failure of monogamy which, like Christianity, has not had a fair trial.

The burden of his thesis is that marital happiness depends upon the husband. "The sole solid bond of union in marriage is just this erotic control of the wife by the husband." Save for sporadic freaks of nature, "there is no such thing as an impossible woman". "Mastery over the woman must remain, if marriage is to continue"; and "mastery does consist in what the husband, and the husband alone, can make the wife feel."

This art of masculine erotic control to enable the woman to achieve a concomitant erotic acme and relaxation is to be the savior of monogamous marriage. "The art of love must be learned by the husband, or he has a small chance of making a successful marriage." "Whether the effect is caused principally by psychical or physical causes, it is he that in all cases is responsible." Divorce can only result when there has been disappointment in the erotic sphere.

Divorce and marriage are to his thinking less dependent upon egoistic-social factors than the essentially erotic impulses. Marriage as a legal, civil, or religious relation is not deemed truly monogamous, wherefore there needs be coined the word hologamy, meaning monogamy with a fusion of interests on the conscious and unconscious levels of the erotic sphere. Reduced to simple language, if men deeply loved their wives there could be no divorcees.

Will every woman accept as fact Lay's assumption of the biological necessity of choosing a mate at least slightly stronger spiritually, psychically, and mentally than herself? This becomes important in the light of his thesis that man's control is essential to his perfect

union with his mate. "In the ideal marriage he is, and always should be, the leading factor in the exclusively erotic sphere."

There is need for studying masculine psychology in relation to marriage and Lay has proceeded along well known psychoanalytic channels. His plea for more thoughtful wooing by the male after marriage, greater understanding of the reactions and erotic needs of his wife, and larger paternal participation in familial life are undeniably sound. One need not believe that "The husband who does not understand his wife is as a child who does not understand his mother." It is not essential to dwell upon "the unconscious polyandry of the average married woman, if her husband is not satisfying in every way." There is no occasion for excitement at his suggesting the unconscious homosexual trend in the clubby people that tends to make marriage a failure. Nor must one breathe an amen to the statement that, "Studies of the unconscious in men that show a strong leaning toward fallen women indicate that they are unwittingly reënacting a jealousy drama of their own infancy, in which they try to rescue from the father their own object of earliest love, their mother." There still remains ample discussion in 214 numbered paragraphs to challenge attention.

Considering the multitude of splendid books that daily claim attention from overtaxed readers, it is unfortunate that the single idea of the volume, now stretched out thinly through three hundred pages, could not have been condensed. Fifty pages would have been ample for a brilliant statement, elaboration, discussion, and evaluation of the doctrine of male domination of the erotic life of his wife through conscious expressed self-control. The erotologist's plea for monogamy is earnest, sincere, and interesting, but even this does not excuse repetitious verbosity.

IRA S. WILE, M.D.

THREE PROBLEM CHILDREN. Narratives from the Case Records of a Child Guidance Clinic. New York: Joint Committee on Methods of Preventing Delinquency, Publication No. 2. 144 p.

The book is exactly what its name indicates. It is composed of three narratives, with a critical comment by Professor Henry Morrison of the University of Chicago, and an appendix which gives the exact physical findings and psychological impressions of each case, altogether making a book of 144 pages.

The stories of each case are written in the form of a running com-

ment on the children's development and the successive stages of handling them. These stages are arranged under topical headings which break up the pages and make them very easy reading. The various methods of helping the children's difficulties are given in concrete form, as for instance in the case of Mildred; encouraging the girl to greater self-confidence by having her learn to make pendants to give to her friends, having her join the Scouts, having her own school report card, walking to the office alone, and so on. Similar specific practical helps toward self-confidence and control are given in the accounts of the two boys. All three cases were on the way toward satisfactory adjustment when their story ends.

In his critical remarks, Professor Morrison concludes that the maladjustments of the three children were chiefly due to a failure of the school system to do its part toward understanding them—in one case complicated by nutritional and family sex difficulties. The reviewer can only add to this the comment, that the social workers in charge of these cases are to be congratulated not only on their success, but on having such excellent material to work with. To have classified Mildred in the clinic in a "low normal group" with an Intelligence Quotient of 97, shows that the standards of intelligence in the clinic are relatively high.

Those of us who must habitually help toward the social and industrial adjustments of young people with Intelligence Quotients ranging from 71 to 79, feel that three children ranging from 81 to 125 in intelligence, and with no marked psychopathic trends, are a most hopeful and satisfactory group on which to work. We are inclined also to agree with Professor Morrison that more ought to have been done toward their training by the school. When teachers have a broader social and psychological background the schools ought to be able to do preventive and remedial work on such good material, and leave the clinic free for cases involving more specific and severe disorders.

ELEANOR ROWLAND WEMBRIDGE.

WOMEN'S PROTECTIVE ASSOCIATION, CLEVELAND, OHIO.

VENEREAL DISEASE HANDBOOK FOR COMMUNITY LEADERS: A Program of Venereal Disease Control. Prepared by the United States Public Health Service. Government Printing Office, 1924, 65 p.

This book's main value is in its practical suggestions for community efforts toward the control of venereal diseases. It is didactic which,

considering its purpose, probably is an advantage. An introductory statement briefly and succinctly sums up the volume's objectives. "Venereal diseases are a community problem. Their control requires intelligent and energetic community action. This handbook aims to show you how you may direct the energies of your community intelligently and effectively for such control. It outlines a practical program of action."

The appendices contain a large amount of decidedly helpful advice, number 7 (Hints to Lecturers), being of particular value. Far too many speakers in this, as in other fields, are inclined to "gild the lily," and the brakes outlined in this appendix, if applied, should prove beneficial to the interests of accuracy and moderation.

This book might well be on the first purchase list of any public health agency or worker. Its cost, bound in buckram, is fifty cents.

R. H. E.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received, and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

HUSBANDS AND LOVERS. By Franz Molnar. New York: Boni and Liveright, 1924.

LOVE AND MARRIAGE. By T. W. Galloway. New York: Funk & Wagnalls, 1924.

A NATIONAL HEALTH POLICY. By Harry Roberts. London: Labour Publishing Co., 1923.

SEX AND SOCIAL HEALTH, a manual for the study of social hygiene. By Thomas W. Galloway. New York: American Social Hygiene Association, 1924.

VENEREAL DISEASE HANDBOOK FOR COMMUNITY LEADERS. A program of venereal disease control. By United States Public Health Service. Washington, D. C., 1924.

THE NEW ERA; AN INTERNATIONAL REVIEW OF NEW EDUCATION. London, England. January and April 1924 issues are devoted to Sex Education in School and Home.

VENEREAL DISEASES: MEDICAL, NURSING AND COMMUNITY ASPECTS. By William F. Snow. New York: Funk & Wagnalls, 1924.

WHAT SOCIAL WORKERS SHOULD KNOW ABOUT THEIR OWN COMMUNITIES. By Margaret F. Byington. New York: Russell Sage Foundation. 4th ed. 1924.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

THE NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- DIX, G. A., M.D. Treatment of late syphilis. *Boston medical and surgical journal*, 190:742-46, May 1, 1924.
- GIBBONS, R. A., M.D. A state certificate of marriage. *Health* (London), 3:584-86, April 1924.
- Heredity and sterilization. *Illinois medical journal*, 45:231-32, April 1924.
- HUBBARD, K. Are there any blind black babies? *Survey*, 52:91, 93, April 15, 1924.
- KEIM, H. L., M.D. Further observations of the Kahn reaction in the serologic diagnosis of syphilis. *American journal of syphilis*, 8:323-333, April 1924.
- LAWRENCE, J. S., M.D. Congenital syphilis a public health problem. *Journal of American medical association*, 82:1252-54, April 19, 1924.
- MADDEN, LILLIAN. The modern police-woman's work. *Police journal*, 12:14-15, 27, April 1924.
- MAYER, F. B. The community's part in the control of communicable diseases dangerous to the public health. *Commonhealth* (Massachusetts department of health), 11:6-8, January-March 1924.
- OSMOND, T. E., and McCLEAN, D. A comparison of the Kahn and Wassermann tests of 500 serums. *British medical journal*, p. 617-18, April 5, 1924.
- PARSONS, E. C. Changes in sex relations. *Nation*, 118:551-53, May 14, 1924.
- The prevention of congenital syphilis. *Hospital and health review* (London) n.s., 3:132, May 1924.
- REASONER, M. A., M.D. Reinfection in syphilis. *American journal of syphilis*, 8:313-20, April 1924.
- ROLFE, S. N. The relationship between venereal disease and the regulation of prostitution. *Health and empire* (London), 2:27-60, April 1924.
- TALMEY, B. S., M.D. The double standard of sex morality. *American medicine*, 30:203-18, April 1924.
- VAUGHAN, V. C. How syphilis became a world-wide plague. *Hygeia*, 2:324-325, May 1924.
- Venereal disease appropriation. *Journal of American medical association*, 82:1366-67, April 26, 1924.
- WHITE, DOUGLAS, M.D. Sexual basis of human society. *The Shield*, 4:127-134, March-April 1924.
- Women's courts in New York City. Some explanatory notes on the procedure in sex cases and a criticism of same. *The Shield*, 4:99-109, March-April 1924.

Journal of Social Hygiene

VOL. X

JUNE, 1924

NO. 6

THE FUNCTIONS OF POLICEWOMEN

HENRIETTA ADDITON

The Big Sister Association of Philadelphia

In many communities there is necessity for closer coöperation between all the delinquency workers, and more frequent conferences between the several groups should make for better relations. Here we shall not digress into a discussion of their relationships to each other nor the machinery necessary for effecting day by day coöperation, but shall confine our attention to a definition of the duties and functions of each of the five groups; the probation officers, parole officers, visiting teachers, protective workers, and policewomen.

As there is generally a clear understanding of, and little controversy regarding the duties of the parole and probation officers, the function of these groups may be covered briefly.

The Parole Officer is a representative of a penal institution, or of a state or municipal department having jurisdiction over such institutions, who has supervision over all prisoners released on parole. Parole is the final step in the treatment of the delinquent as she comes from court and institution into freedom in the community.

The Probation Officer is an attaché of the court with a clearly defined field. Ordinarily she has two functions:

1. The gathering and interpretation of such facts regarding a particular offense committed, together with such a study of the personality and background of the offender, as may aid the judge in determining the treatment needed.

2. The administration of social treatment, disciplinary, and constructive. The well trained probation officer is familiar with and uses the various social agencies of the community. They as a part of the court in their disciplinary treatment have the advantage of being able to re-open the case in court when drastic measures such as commitment to an institution seems necessary. The case work carried on by the parole and probation officers is comparable to that of any other social worker and calls for thorough training in the principles of social diagnosis and treatment.

The work of the Protective Officer is defined as follows, by one of its most prominent advocates:

“A protective worker does personal, constructive work with individuals in need of protective care and aids in remedying conditions which tend to produce delinquency. Usually protective workers are agents of private organizations but some are appointed by a welfare department in a city or county.

“Persons supervised by protective workers include those who are in danger of becoming delinquent and so-called delinquents, whom it is possible to help and re-adjust in the community without court action. These are referred by social organizations, individuals, industrial establishments, police courts, churches, and schools. The police and courts refer runaways and ungovernable persons and others against whom it is considered unwise to make a court complaint.

“The protective worker seeks to improve conditions in homes, places of work and places of amusement which are found to be dangerous to youth, through dealing directly with owners and managers, and when advisable through complaint

to police, license commissioner, or other officials. The protective officer also aids in securing custodial care and treatment for mentally diseased and defective persons in danger of becoming delinquent and in securing improved facilities for the protection of youth."

Settlements, Boys and Girls Clubs, Community Service Organizations, Boy and Girl Scouts, Big Brother and Big Sister Associations, and many other similar organizations are also becoming more active in the field of preventive work.

Is there a permanent place for the private agency carrying on these duties? To the leaders in the protective movements are due many of the most important developments in the field of delinquency prevention during the last decade. They have blazed the trail which has resulted in the appointment of policewomen by our cities and by welfare workers. They have shown the need for the enactment and enforcement of social laws and ordinances.

As demonstration agents the protective associations have contributed much. In small communities where public funds are low and public officials unprogressive, and in some of our largest municipalities where corrupt or unenlightened officials are firmly entrenched for the present, the need for privately financed protective associations is still felt, but what should be the future development of these agencies?

When they have developed other means whereby constructive social case work and club work may be adequately carried on, they will be free to attack with all their energy those conditions which form the underlying causes of vice and immorality.

The enfranchisement of women renders possible this broader development. They may eventually become civic associations, citizens councils or continue to be called protective associations which through writing, speaking, and organization of community forces will create public opinion that will express itself in the election of honest and competent public officials and in the promotion of efficiency in legislation, and in the

administration of city, state, and federal business to carry forward the work which they have initiated.

Visiting Teachers: The work of the visiting teacher is being more and more considered as a necessary function of the public school. Departments of social work in connection with them have been developed rapidly during the last few years. The inherent responsibility for all children of school age is theirs and eventually they should do the personal case work needed with all boys and girls who are in danger of becoming delinquent.

The policewoman is a comparative innovation. The city of Stuttgart in Germany is said to have introduced policewomen as early as 1903. In 1910 a policewoman was appointed in Los Angeles, California. It is estimated that the number of American cities which to-day employ women police falls somewhere between 200 and 300. There are great differences in their manner of organization, their methods of work and the duties to which they are assigned.

The exact function which the first policewomen were supposed to perform is difficult to determine from the few existing accounts of them, but they seem to have been regarded as patrols whose presence in dance halls, motion picture theaters, parks, and on the streets, constituted a protection to young women as well as to children of both sexes. The first policewoman in the United States was appointed to superintend skating rinks and movies in order to enforce the ordinance prohibiting children under fourteen years from attending these places. A similar law regarding dance halls brought them also under her supervision, where in addition to patrolling, she made it her business to watch out for very young girls. A policewoman in another city aided in the enforcement of the curfew law and the law forbidding the use of tobacco in any form by persons under twenty-one. The duties of the policewoman first appointed in two other cities were defined as "protective rather than punitive," and con-

sisted in patrolling parks, movies, dance halls, and skating rinks.

In Germany the function of the policewoman has apparently been defined in terms which bring her in closer relation to commercialized vice than is true in the United States. The women police are said to have been first appointed in that country to assist in the supervision and regulation of the segregated districts. In England, the policewoman was used during the war to coöperate with the military authorities in protecting the soldier from prostitution and venereal diseases. Since the war their work consists largely of investigations of the cases of women and children and general patrol.

Although special care for women and children colors everywhere the conception of the duties of the policewoman, the exact expression of that in forms other than patrolling, has always been undefined and vague, and as a result, the office of the policewoman has often been the dumping ground for an assortment of miscellaneous duties. Some idea of the wide scope of activities women are supposed to be in a position to carry on in a police department, may be shown from an order issued by the direction of the police commissioner of one of our largest cities during the war.

“To Commanding Officers of all Districts.

“You will organize in each precinct within your district, a unit of Women’s Police Reserve, to be made up of patriotic women who desire to render helpful and patriotic work at this time. The duties of the Women’s Police Reserve will be to be vigilant and alert in their respective localities, to discover irregular and unlawful conditions, and to report the same to this department; to teach patriotism and civic duty and aid in the Americanization of the alien elements of the population, to detect and report cases of disloyalty and sedition, relieve cases of distress and destitution, comfort the unfortunate, advise and direct the weak, foolish, and idle, and set an example of unselfishness and patriotic devotion. Members of the Women’s Reserve can be very useful also in looking after boys and girls who may be prone to be delinquent, keeping bad company or pursuing such a course that would lead to crime.”

Almost as comprehensive are the duties which many of the regular policewomen have found they are expected to carry on. In communities where there are few social resources,

such agencies as do exist must be flexible enough to meet almost any emergency. The competent policewoman who finds herself the only delinquency worker in a small community will make her own adjustments and expand her activities to meet the needs of her own locality, regardless of any definition of functions which we may lay down here. In this report we shall consider the duties and responsibilities of the policewoman appropriate to those communities which are equipped with probation and parole officers, and the average number of social agencies.

The policewoman as an official of the police department finds her chief duty in the prevention and detection of crime. The best results have been obtained when the women in the police department have been organized in a single unit known as the Women's Bureau or division under the directions of a woman responsible directly to the Chief of Police. It is desirable that the woman in charge should rank as captain, at least as lieutenant.

General police work consists of:

1. Investigations of special cases involving women and children.
2. Locating missing women and children.
3. Maintaining a Bureau of Information for women desiring information or help from the police.
4. Patrol work: Patrol work includes general supervision and inspection of amusement parks, dance halls, cafes, cabarets, motion picture theaters, skating rinks and other public amusement places; scouting and patrol work on the streets, in public parks and around railroad stations. The preventive work as it concerns women and children will constitute one of the main features of the women's work. Just as the patrolman is responsible for nuisances on the sidewalks of his district, the policewoman should be responsible for such moral nuisances as indecent movies and their lurid posters, and unlighted places frequented by young people at night. Policewomen should have definite instructions regard-

ing the bad conditions they are to look for, report on and correct.

5. Attendance at police court: The presence of women officers in police courts can do much to improve conditions there. They are there to serve the best interests of the women prisoners as well as that of the municipality. Their investigation of each case should be impartial and should aid the judge not only in establishing the guilt or innocence of the accused, but in determining his disposition of the case.

In some cases this work will be similar to that of the probation officer in the other courts. In other cases it does not require such intensive social investigation.

6. Supervision of conditions in local jails or places of detention where women and children are held when such institutions are under the control of the police department.

7. Office work.

A point regarding which there seems to be considerable controversy is the question of whether or not policewomen should attempt to do social case work. The idea of the policewoman was conceived in a spirit and with a purpose very different from that which had governed the regular police force. On the other hand, some of those organizations which agitated for and helped secure policewomen, immediately afterwards forgot their existence, and as a consequence, political appointments were made in many places and the policewoman became a mere "lady cop" who had no preparation for a position entailing case work as one of its duties.

In some communities even the police officials have selected their policewomen solely from the ranks of the widows of policemen and firemen. Their intentions probably are most laudable but many persons interested in public welfare have not hesitated to voice their disapproval of this method for qualifying candidates. Unless the woman selected has other qualities which tend to make her capable for the work, it seems hardly fair, either to her or to the public, to assume that because her deceased husband happened to be a worthy

and well-qualified public servant, she will acceptably carry on the difficult and complicated task which is the police-woman's.

In other cities we have seen the regular police department become impregnated with a spirit of service; in them the police officials, men as well as women, conceive their prime duty to be the protection of their citizenry and intelligent coöperation with other social agencies of the community.

The practical fact is that the obvious duties belonging to a police department are so great that in few cities will the women's division be sufficiently well staffed to permit their carrying on any intensive case work however well prepared the officers might be to undertake it. Where there are available social case working agencies, the police department should work out a plan of coöperation with them, the details of which will naturally depend upon local conditions and resources. On account of her police functions, the police-woman will frequently be called on to make social investigations but should not perhaps be expected to carry out social treatment under present circumstances.

When the state really accepts its responsibility for the care of delinquents, provision for case work with those already delinquent will be made through properly equipped schools, and through parole, probation, and police departments. All social agencies should consider themselves protective or preventive agencies.

THE MORAL HAZARDS OF CHILD LABOR *

F. ERNEST JOHNSON

Department of Research and Education, Federal Council of the Churches of Christ in America.

It should go without saying that whatever threatens the normal physical or mental development of a child is essentially a moral hazard. There can be no clear distinction between physical and mental well-being on the one hand and moral well-being on the other. It is perfectly true that a stunted life is not necessarily a spiritually frustrated life, but a handicap in mind or body readily passes over into the realm of aims and motives, of self-discipline and personal culture, and thus registers inevitably upon the moral values of life. It is on this account chiefly, that organized religion, and education, both public and private, should be the most active allies in the effort to outlaw child labor.

Unfortunately the labor problem as it affects working children is more difficult to keep in the public thought than the problem of adult labor. It seldom manifests itself in any spectacular way; it is not periodically dramatized in crises which command attention as is the case with great labor strikes. It is therefore the more incumbent upon all who are concerned with religion, education, and social improvement to devise means of keeping before the nation the fact that this least spectacular and most pathetic phase of our industrial problem is in fact, fraught with social consequences graver than those other phases which find their way much more frequently into the public press and into popular discussion.

The most distinctively moral phase of the child labor problem, or at least the most immediately impressive, is seen

* An address delivered before the Twentieth Annual Conference on Child Labor, held in Washington, D. C., May 27th, and published by courtesy of the National Child Labor Committee.

in the well-known relation between certain forms of children's work and juvenile delinquency. The mere mention of the street trades is sufficient to remind us of the short and easy road that leads from them to moral collapse, or at least to the permanent coarsening of a young life. To the evil influence that surrounds a young lad who even for limited vacation periods is allowed to work in the factory or on the farm in company with men and older youths, I can bear personal and painful testimony. What shall be said of the effects of such association when it becomes habitual and permanent?

Recent studies have been made of child labor in the beet fields. I have worked in the beet fields, as a lad, and while the period of that labor was too brief for me to experience the more serious evils resulting from industrialized agricultural labor, I can bear testimony to the corrupting influences that assail an impressionable young person who joins a non-descript group of day laborers, young and old, in a country community.

As I look back over the years that cover a great variety of associations—student relationship in high school and college, the inevitable invasion of sordid regions of life and thought and speech which an active life has brought, not omitting the fortuitous contacts of occasional travel by land and water—the outstanding impression of baneful moral influence is connected with brief periods of physical labor among chance companions when I was a boy. The fact that those impressions remain as of something loathsome instead of bleaching out as the process of adjustment to environment went on was due solely to the fact that those periods of perilous exposure were mercifully cut short.

Early exposure to an environment in which intellectual, moral, and cultural excellence are unknown and undesired, where shiftlessness and dishonest methods of work prevail, where respect for personality is seldom found and rough treatment is a common practice, and where uncleanness in

thought and speech are continually in evidence—such an experience if it continues long is almost sure to exact a heavy toll of the young life thus imperilled. There is enough of sordidness in life which none may hope permanently to escape; every year of postponement of such experiences is equivalent to a moral inoculation against them.

But I wish to speak also of some of the less obvious elements of moral hazard in the permanent gainful employment of children. Moral health is much more than the avoidance of a well-known list of bad habits. Much confusion of thought regarding child labor has resulted from an easy passing over of the difference between twelve-year-old Willie filling the wood box, mowing the lawn or milking the cow, and the same boy working continuously at labor no more arduous or distasteful. As a matter of fact a whole series of consequences are linked up to this transition.

Not the least serious of these is the interruption of the normal parent-child relationship. It is trite and irrelevant to reply that in most cases there is no such normal relationship to interrupt. In the most imperfect home, there is for the non-working child at least the sense of shelter and dependence and protection during years that should be marked by freedom from heavy responsibility,—freedom to play, to dream, to plan, to hope, to adventure. Forced employment during these years of growth, even though it is understood and not resented by the child, means the repression of what nature will never suffer to be repressed without a future penalty. And that penalty is paid out of the most priceless possession of personal life—the power of integrating desires and of concentrating and sustaining effort, which is central in what we call moral character. Added to this result is the sense of injustice, of an inexcusable twist in the natural order of things, when the child who should be the beneficiary of the home is called upon to be its sustainer. There is no measure of the ill effects of having been cheated out of some of the choicest experiences that life has to give, during the only

period of life when they could be real. Perhaps the most frequent and evident result is what some of our more recent psychological writers call a form of "compensatory behavior"—an effort to avoid responsibility in the years when it must be borne, a running away from reality, and toward a belated and unnatural satisfaction of frustrated desires.

Another important effect of early and arduous employment is the reaction that appears in leisure time activities. Here we have an all too familiar theme of concerned and regretful comment on the part of religious and social workers. The way our generation hurtles through life in a tremulous effort to get something out of it while the getting is good is one of the distinguishing marks of the present day. It is probably a not unnatural reaction—once again, of the "compensatory" sort—to the discipline of work, or at least of regimented activity, that is entailed by a burdensome and artificial standard of living. Shall we wonder that the after-work hours of the young who labor continually with their hands, are filled with the determined effort to realize adventure in ways that are the more vigorous and violent, the more poignant is the sense of injustice or of unnatural restraint. Our small towns in particular can give weekly, if not nightly evidence of the unwholesome but determined efforts of young lads prematurely harnessed to agricultural labor, to get their innings—often in most anti-social fashion.

Still another evil effect of the employment of children is that resulting from premature contact with the business world in its roughest and crudest aspects. Of all the ills the boys of the street trades are heir to I think the most injurious is the adoption, as normal and natural, of the competitive order of business practice, unrelieved by any of the restraints and compensations that adult business procedure has developed. The "law of the jungle" of which we have heard much is not seen at its worst in the wheat market, but among the gang of "newsies" on the corner. During the years when an educational process should be going on, which

will one day redeem the unchristian processes of industry and trade, young lads are themselves living in the midst of the crudest struggle of all, where it is a mark of preparation for participation in the business world a few years hence to be able to worst one's competitors in the pathetic effort of mere children to make their living and even to support "dependents".

From the point of view of the ethics of economic and industrial life, the absence of children from school before they arrive at the normal age of high school graduation is a national calamity. Broadly speaking, the humanizing of business and industry, which is an indispensable part of any adequate program of social improvement, is an educational task which must be done chiefly before the end of adolescence. The softening of the competitive processes of industry, finance and trade goes on progressively under the impact of ideals that are the product of education, upon the hard surface of the business world. This impact is by no means the only factor in the process, but it is the only considerable contribution that our educational system can make, so long as provisions for adult education are as meagre as they are in America to-day. The child who loses the humanizing influence of a modern school education, becomes absorbed by the working world, usually on the lower economic levels,—a creature of a regime which he might have had a share in redeeming.

From the standpoint of the community and the nation child labor entails a destructive effect upon living standards that is seldom fully appreciated. It involves a vicious cycle, on this wise: Children are sent to work to supplement a deficient family income. Their work becomes an established feature not only of their family life but of the industry which they enter. Its "costs" are reckoned on the basis of this "cheap" labor and hence it becomes impossible to substitute adult labor without a serious derangement of the market. Furthermore the wages of fathers whose children work be-

come similarly standardized on too low a level, and the working children whose advent into industry is the cause of this wage adulteration become the justification of a permanently lower income for the supporter of a family. It is often asserted, and not without plausibility, that the labor of children cannot be done away without hardship to their families whose income from other sources has become fixed on too low a level; and hence that wage levels for adult workers must first be raised. The obvious and convincing answer is that the working group least able to obtain by their own efforts fair treatment in industry are the first to be thought of. It is at that point in the vicious cycle that the attack must be made.

STANDARDS FOR A SOCIALIZED COURT FOR DEALING WITH SEX DELINQUENTS *

GEORGE E. WORTHINGTON

Acting Director, Department of Legal Measures, American Social Hygiene Association

AND

RUTH TOPPING

Field Secretary, Bureau of Social Hygiene

I. THE COURT

A. Court Having Jurisdiction.

Either a specially designated branch of a centralized court, such as a municipal court, or a court specially created to handle sex delinquents. Laws re disposition of defendants and jurisdiction should be adequate.

B. Nature of Proceeding.

A summary quasi-criminal action without a jury if possible. General public should be excluded.

* The Bureau of Social Hygiene and the American Social Hygiene Association have coöperated in a study of specialized courts dealing with sex delinquents in four cities: Chicago, Philadelphia, Boston, and New York. The result of these studies and a comparison of the findings appeared in the JOURNAL OF SOCIAL HYGIENE. It remains to synthesize what has been determined upon as the best practice, taking one feature from one court and another from another, and presenting them in a unified form.

Comparatively few cities in the United States have separate courts for this special type of offense. In smaller cities it is impracticable to maintain such independent courts. It may be of value, however, to cities which are contemplating such an undertaking, to have presented to them in concrete form the results of our studies. This the above paper strives to do.

Before publication it was submitted to specialists, including social workers, health officers, probation officers, and judges. In some instances their criticisms and suggestions have modified the view originally presented. Special acknowledgment for valuable criticisms are due to Chief Magistrate William McAdoo, Magistrate Jean Norris, Miss Alice Smith, Mr. Frederick H. Whitin, Miss Henrietta Additon, Mr. John Weston, Mr. Charles Chute, Dr. Wm. F. Snow, Dr. Katherine Bement Davis.

C. The Judge and Other Personnel.

Judge should be carefully selected and should have a knowledge of social problems with a social point of view and an understanding of psychology, in addition to the usual legal qualifications. Court should have its own personnel, such as bailiffs, court attendants and probation officers.

II. PROCESS AND POLICE COÖPERATION

Cases should not go before Grand Jury but should be brought either upon information or complaint. Close coöperation between court and police important.

III. DETENTION

Temporary house of detention a requisite for women defendants awaiting trial. There should be facilities for segregating different classes of offenders. Preferable to house very young girls in separate building. Arrested women should be taken to detention house rather than to police station. Facilities should there be available for fixing adequate bail.

IV. TRIAL

Small court-room. District Attorney should assist. Liberal procedure and human emphasis. Few adjournments.

V. STUDY OF CONVICTED DEFENDANTS

A. Remand Period.

Remand after conviction for at least 48 hours for study and investigation.

B. Investigation.

Finger print record. General physical and mental examination. Social and personal study and investigation.

C. Coöperation with Health Department.

Coöperation between the Court and Health Department recommended.

VI. DISPOSITION OF CASES

A. Suspended Sentence.

B. Probation.

C. Reformative Sentence.

D. Punitive Sentence.

(Fallacy of fines in prostitution cases.)

E. Indeterminate Sentence.

VII. PROBATION AND SUPERVISION

VIII. RECORDS AND STATISTICS

Uniformity.

Who are sex delinquents? In this final article we shall delimit this expression to the man or woman who has been guilty of some minor sex dereliction, such as the individual activities of the prostitute, or the male who pays her for her unlawful acts. We thus exclude the exploiter of the prostitute whether male or female, or the man who lives off the earnings of a prostitute. We shall also exclude the sex criminal, such as the rapist, pervert, or the one guilty of such unnatural relations as incest. We shall limit the use of the term to a class of men and women who may be said to be quasi-criminal, rather than criminal, a class whose treatment by the court might be said to be of a reformative and rehabilitative character, rather than punitive or penal.

The length of the foregoing definition indicates a difficulty that is now being experienced in the matter of legal terminology. The law does not recognize any such special group as the adult delinquent, corresponding to the juvenile delinquent, and development of socialized treatment has been too rapid in the last two decades for the law to keep pace as to terminology. A person who is proceeded against by an action in court in the name of the government or of the people or the sovereign, for the determination of his guilt, is known only as a criminal if convicted, and such action is designated a criminal proceeding,¹ and whatever disposition is made of

¹ See Wharton, *Criminal Law*, p. 19.

such person if convicted, is punishment, under the legal terminology employed. The purpose of this punishment may be to prevent the offender from further offending, as by killing or imprisoning him, or to deter others from similarly offending, or for public defense or retribution, or for the reformation of the offender.¹

Of the last purpose, Wharton says:² "Undoubtedly the reformation of the offender is one of the objects which a humane judge will have in view in the adjustment of his sentences; but it cannot be viewed as the primary object, or as supplying the sole standard. The protection of the unoffending, if we reduce the question to a mere personal balance, is at least as important an object of humanitarian consideration as is the reform of the offender. And, again, if we examine the theory critically, we find we are reduced to this absurdity—that we can punish only when we can reform, and hence that the desperate and irreclaimable offender cannot be punished at all."

The term juvenile delinquent, of course, is well known to the law, and connotes a special treatment of the individual, which for the most part is not opposed to constitutional guarantees, inasmuch as the judge, in such a case, is construed to be *in loco parentis*. The relation of the state to the adult, however, is not synonymous with that of the parent toward the child.

The studies of the four courts make it apparent, however, that there now is a type of treatment which is being applied to the adult sex delinquent which is not vindictive. This treatment is based upon a study of the defendant, against whom a determination has been had, which is known in legal phraseology as a "conviction" or a finding of guilty—his history, including court record, his associates, his environment, and his physical and mental equipment; the purpose of such investigation being to provide the basis for an intelligent

¹ See Wharton, *Criminal Law*, Chap. 1.

² See Wharton, *Criminal Law*, p. 5, Sec. 5.

disposition of the case by the court in the way of probation, or reformative, indeterminate, or punitive sentences. It must be further remembered, that the particular type of lawbreaker with whom this study is concerned, is not, in the main, an offender against a private individual as well as the state, as in the case of one who assaults or robs another, but his offense is against society collectively.

I. THE COURT ¹

A. Court Having Jurisdiction and Extent Thereof.

It is essential that the court dealing with sex delinquents have ample jurisdiction. Whether it is a part or a division of a court of general jurisdiction or whether it is a court specially established, its powers should be broad enough to make such disposition as the nature of the case requires. Two courts have been observed by Mr. Worthington in which a very practical and simple arrangement has been worked out, namely, Chicago and Detroit. The Chicago court, which was described in the first report, has jurisdiction of all misdemeanors. There a centralized municipal court has been established by law, presided over by a chief justice which court and justice has power to establish as many special parts as may be necessary. The part that has been designated for the trial of sex delinquents is known as the Morals Court. In Detroit, there is a Consolidated Criminal Court, having jurisdiction over all crimes committed within the city, felonies, and misdemeanors alike, and it would be possible to set aside a part of this court which could be devoted exclusively to sex delinquency cases, where the judge would have power to make any disposition permitted by law, without the case having to be referred to another or higher court. Very few cities have

¹ Mr. Worthington has observed the municipal, recorder's, and police courts in the following twenty-one cities: Spokane, Seattle, Wash.; San Francisco, Los Angeles, Cal.; El Paso, San Antonio, Houston, Dallas, Tex.; St. Louis, Mo.; Chicago, Ill.; Milwaukee, Wis.; Detroit, Mich.; Rochester, New York City, N. Y.; Boston, Mass.; Philadelphia, Pa.; Atlanta, Ga.; New Orleans, La.; Oklahoma City, Okla.; and Denver, Colo.

a centralized or unified criminal court system. It will be found that crimes may be triable in Magistrates, Special Sessions, General Sessions, County or Supreme Court, as in New York, or in the Quarter Sessions or Municipal, as in Philadelphia, or the Municipal or Superior Court, as in Boston. It will probably be generally found, however, that there is no constitutional obstacle to the establishment by the legislature of an approximately centralized or unified court system. The reason for the existence of courts of different jurisdiction in this country is largely historical, due to the desirability of the disposing of minor causes promptly in inferior courts without waiting for the "terms" of the higher courts. This has resulted in the gradual increase in jurisdiction of such inferior courts until many of them are no longer "inferior" except in name, although inheriting still the procedure and traditions of the police and justice of the peace court.

In only one of the courts studied, viz., New York, was the court exclusively a woman's court. While this seems to be very successful, it would seem that there is an economic waste as well as a social loss in having defendants who are arrested in the same transaction, tried in different courts to say nothing of the different results and treatment that might be recorded in two separate courts. It is essential, of course, that the sexes be segregated in separate detention rooms, but surely there should be no objection to trying the prostitute and her patron in the same court, especially when only those persons connected with the particular case are present.¹

While obviously no obstacle should be placed in the way of appeal to a higher court, yet a case which, by its nature, requires a trial in a specialized court, should not be permitted to go to another court of original jurisdiction for a trial *de novo* under the guise of an appeal.² In Boston, we found

¹ In New York, where a special woman's court has been established, it has been suggested that two parts be established. Part I for women defendants arrested singly and Part II for those arrested jointly with men.

² For a discussion of the pernicious system of trial *de novo*, see Boston Study (pp. 193-196).

that the trial *de novo* not only defeated the purpose of the socialized court, but actually resulted in the thwarting of justice.

B. Nature of Proceeding.

The practice of Juvenile Courts in providing for a chancery proceeding probably cannot be followed. The only alternative at the present time is a criminal law proceeding, perhaps quasi-criminal in character, to be more accurate. If possible under the constitution, as in New York, it is preferable that there be no recourse to a jury trial, the case being heard by the judge sitting as judge and jury. If the constitution has been construed to require a jury trial for this type of case, nevertheless, a procedure probably can be established for the waiving of a jury, as is done in Chicago. Chicago's experience has been that the majority of defendants will waive a jury trial. For cases in which a trial by jury is required under the law, it is suggested that they be tried in the same court by the same judge and that certain days of the week be set aside by this court for the trial of jury cases. These might be designated as "jury days." Trials of this kind are designated "summary," but this does not mean that they should be unnecessarily hurried. The attitude should not prevail in the court that, because of an unfortunate legal classification, it is "inferior"; on the contrary, the attitude that these cases are important should be encouraged, and they should be conducted with the same degree of care as prevails in the so-called superior courts, even though this may involve, in some cases, very protracted hearings. One who is accused of a crime has a constitutional right to a public trial. However, as to what a public trial is, the courts have differed. In the type of case with which we are concerned, much discretion is vested in the judge in the matter of excluding idle on-lookers in the interest of public decency or the good order of the court proceedings.

C. The Judge and Other Personnel.

One of the essentials to a successful socialized court is the selection of a proper type of judge. It is, of course, important that the entire personnel be adequate. However, the most progressive social machinery can be upset and rendered practically nugatory by a hostile or unintelligent judge; for example, it would be useless for the court to have a probation department, no matter how splendidly equipped and no matter how efficient, if the judge refused to place anyone on probation. There is some difference of opinion as to the preferable method of selection of judges. Many authorities, including Dean Roscoe Pound,¹ advocate the appointive method of selection. In large cities, such as Chicago, where a Central Municipal Court has been established, a modification is possible; that is, the presiding judge may be empowered to select from the entire bench of the Municipal Court the judges who are best suited for each of the specialized branches. Where the bench comprises a large number of judges, a fairly good selection may be made in this manner, regardless of whether the judges are elected or appointed in the first instance. The judge should, in addition to his legal qualifications, have some knowledge of social problems and an understanding of psychology. The term should be at least ten years. Where the assignment to the court is of considerable length, a person of ordinary adaptability can ultimately become an expert in the problems of sex delinquency.

The court should have its own personnel. The court should not be dependent upon the police department or some other branch of government for its bailiffs, court attendants, or other similar personnel. The social service department, the probation requirements, as well as facilities for investigation, such as mental and physical examination, etc., will be discussed in detail in another section.

¹ *Criminal Justice in Cleveland*, p. 276.

II. PROCESS AND POLICE COÖPERATION

Under present conditions practically all sex delinquents are brought to court by the police. There should therefore be very close coöperation between the police and the court. In all four cities studied, arrests were made by the police both with and without warrants. The majority of such arrests were made by members of the special plainclothes division of the police department. Attention is called especially to the procedure followed in the New York department, which is found on pages 416-428 of the New York study. This is a combination of the centralized-decentralized¹ system, and appeared to be the most effective of the four cities studied. Attention is also directed to the care observed by that department in the matter of securing evidence and of the checks which are provided against perjury on the part of the police or any of those other corrupt practices which are prone to occur in connection with prostitution. From the very nature of the *modus operandi* of the sex delinquent, it is not always practical to secure a warrant prior to the making of an arrest, and for this reason special care should be exercised against any possible injustice.

Crime commissions are beginning to question the wisdom or necessity of the grand jury system. Observations have been made by the writer in states where the practice of indicting by grand jury has been abandoned even in felony cases, which are prosecuted upon an information by the district or prosecuting attorney. Certainly it should not be necessary to bring sex delinquency cases before a grand jury. A procedure should be inaugurated whereby they may be prosecuted either upon information of the prosecuting attorney or upon complaint of a private individual, or a police officer.

¹ This was the system in existence in New York at the time of the study.

III. DETENTION ¹

An adequate detention house should be provided for the temporary detention of women delinquents prior to trial. Facilities should be provided in this detention house for the segregation of those who are apparently hardened offenders from the less hardened ones. Very young girls, who are yet over the juvenile age, should be housed, if possible, in a special building, or at least on a separate floor, as in Philadelphia. Special attention should be given in these buildings to sanitation, heat, light, and air. It is obvious, of course, that they should be in charge of women. An excellent procedure is followed in Philadelphia whereby the police, immediately after the arrest of the woman sex delinquent, take her directly to the central house of detention, without subjecting her to the necessity of first appearing at a police station. It is demonstrated in Philadelphia that the woman may be slated or booked by the police at such detention house without greatly interfering with police routine.

Arrangements can also be made whereby the officer in charge of slating or booking the defendant may be empowered to fix bail. Where this is done, however, adequate safeguards should be provided, such as a rule fixing the amount of bail for different types of offense, such amounts being sufficiently large to guarantee the appearance of the defendant at the trial. A rule which seems to work very well in New York does not permit the desk lieutenant, charged with the fixing of the bail, to accept cash collateral or liberty bonds in prostitution cases in a sum less than \$500. Safeguards should also be taken to prevent defendants from getting into the clutches of bond sharks. This has been done in New York by requiring all persons engaged

¹ Special reference is made to women offenders, because facilities for women in the average police station are notoriously inadequate. Better accommodations are generally possible for men in police stations than for women offenders. The detention house can well be used for the temporary detention of all arrested women, regardless of offense, pending trial, providing proper segregation is made.

in bonding for gain to be licensed, and fixing a maximum commission which they may charge for bonding service. Adequate detention facilities and an immediate trial, also do much to minimize the bond-shark evil.

IV. TRIAL

Observations in the various cities indicate that the best results seem to be obtained where a district or prosecuting attorney is present in court. He not only is of great assistance to the police in properly presenting the evidence and in bringing out the facts of the case, but he may also serve as a check upon over-zealousness or possible oppression on the part of the police. For instance, if upon questioning the police, he finds they have no legal evidence against the defendant or that their evidence is extremely weak, he will promptly move for a dismissal of the case.

A small court is preferable for several reasons: It permits a certain amount of informality which tends to encourage the bringing out of the real facts of the case, and also it makes more easily possible the exclusion of the general public, who can have no other interest in a court of this kind than that of morbid curiosity.

Judge Edward F. Waite, of Minneapolis, has well said, in speaking of a socialized court, that its aim should be not so much the adjudication of private rights as the performance of what are conceived to be community obligations. It would seem therefore in carrying out this idea that a more liberal procedure and a more human emphasis is possible than is observed where the adjudication of private rights is involved.

It is very important that an immediate trial be not only possible but that it be encouraged by the judge. The dilatory tactics of shyster lawyers in requesting adjournments and delays, usually for the sole purpose of tiring out or discouraging witnesses or in some other way to thwart justice, should be strongly discountenanced.

The trial of a case of the kind with which we are here

concerned, involves the determination of facts which predicate the right of the government to interfere with the defendant. Such determination should be particularly careful because it involves the fixing of the status of the defendant, which may or may not be that of a person with whom public interference is warranted. Until the present laws with reference to the swearing of witnesses, the methods of taking testimony in conformity with the rules of evidence, the question of the weight of evidence, etc., have been modified, strict adherence to them is, of course, necessary.¹ After conviction, however, when the status of the defendant has been fixed, the door is open for a much broader social treatment than exists before the finding of guilty.

V. STUDY OF CONVICTED DEFENDANTS

A. Remand Period.

It will be remembered from the New York study that the practice is there followed, immediately after conviction, of remanding the defendant for study and observation for a minimum period of 48 hours. This period may be extended if necessary. This practice seems to be the most effectual of that observed in any of the courts enumerated. It is obvious that in order to permit the judge to make an intelligent disposition of the case, a thorough study should be made of the social case history of the defendant. The most practicable period from all angles (constitutional rights being considered) seems to be that space of time which intervenes between conviction and sentence. The purpose of such a study is to determine whether or not the defendant should be placed upon probation or sent to a reformatory or receive a corrective or punitive sentence.

B. Investigation.

One of the first things which should be done is to secure the finger print record of defendant for the purpose of deter-

¹ The chief aim, in fact as well as in theory, should be the simple ascertainment of the truth.

mining his previous court record. For instance, the record, as kept in New York, can show, within five minutes, the offense, the date of previous sentence, the judge rendering it, its duration and nature, whether probation, reformatory, or workhouse. This record informs the investigator whether or not the defendant is a recidivist,¹ and furnishes several clues upon which he may work. During the remand period a general physical and mental examination of the defendant is essential, because it is now pretty generally believed that crime and delinquency are medical and mental as well as legal problems. It is urged by some that courts should be clinics in charge of medical men, by others that they should be psychopathic laboratories in charge of psychiatrists and psychologists, and however this may be, there is no longer any denying that our criminal court system needs reconstruction to keep pace with modern science, business efficiency, psychology, psychiatry, and sociology.

It is important that facilities be provided for the court for a complete mental and physical examination. A precedent for this is found in the Philadelphia court, which has its own psychopathic laboratory and its medical department. This will permit the court to have full and complete information, physical and mental, as well as social. These all have a very important bearing on the disposition of the case; for example, the mental examination may disclose that defendant is suffering from a mental disease or that he is a defective, requiring a special type of custodial care. On the other hand, the physical examination may indicate that defendant's criminal propensities may be due indirectly to causes which may be removed by medical or surgical treatment, or that defendant may be infected with communicable diseases transmissible to other persons with whom he may be brought into contact by the court's disposition if this knowledge is not available.

It is obvious, of course, that a complete investigation

¹ One who repeatedly relapses into prior criminal habits.

should be made of the personal and social history of the defendant. It has been said that probation is really case work in court. The preliminary investigation, which is the beginning of the case work with the defendant, logically falls within the province of the probation department of the court. This preliminary investigation should be made of all convicted defendants, regardless of their previous record. A fuller discussion will be found under the topic "Probation and Supervision."

C. Coöperation With Health Department.

Another coördinate arm of the government, namely, the health department, is charged with the conservation and protection of public health just as the court is charged with the protection of public morals. Obviously there should be coöperation between them. If the physical examination of the defendant discloses the existence of a communicable disease, there is a duty in the court to report that fact to the health department, under the same logic that there is such a duty devolving upon every individual who has knowledge of similar facts. The question of whether or not the defendant has a communicable disease should not of course enter in the question of the guilt or innocence of defendant. Inasmuch as the defendant's condition, where he has a communicable disease, has been reported to the health department, the court may rightfully assume that the health officer, being a responsible public officer, will take such action as he may deem necessary in the premises. The health officer, on his part, may be satisfied that sufficient protection is given the individual and the public, where the defendant, if committed, goes to an institution where treatment is provided. The duty has already been established in the governing boards and heads of public institutions to provide treatment facilities. Where the defendant is placed on probation if the health officer believes that defendant should be hospitalized, any action on his part with reference thereto, need not interfere with the terms of probation.

VI. DISPOSITION OF CASES

The usual dispositions possible are: suspended sentence, probation, reformatory sentence, indeterminate sentence, and punitive sentence, (including fines).

A. Suspended Sentence.

Where other dispositions are possible, including probation, there would seem to be little if any justification for the suspended sentence. An instance where it might properly be used would be where defendant is an escape from an institution outside the state or has violated parole under a commitment to a reformatory institution in another state, and where the parole or other officer from such institution is present in court so that the court may deliver the defendant over to such officer after suspending sentence in the case in which the immediate conviction has occurred.

B. Probation.

Various practices with reference to probation were observed in the different cities. In New York, where the selection seemed to be most careful, a rule is generally followed of placing only first offenders on probation. Whether this should be made an invariable rule will be more fully described in the section on probation. The studies have confirmed our belief that probation should not be made a "catch all" for cases for which there seems to be no other disposition possible, but probation should be given only to those whom the careful preliminary study indicates as persons likely to be benefited by such a procedure.

C. Reformatory Sentence.

Almost as great care in selecting defendants for this type of disposition should be exercised as that in case of probation. This should be given to the younger delinquent who requires closer supervision than is possible in probation, and for whom there seems to be a prospect of rehabilitation, and

with whom probation has either been unsuccessfully tried, or for whom it does not seem to be practicable.

D. Punitive Sentence.

The protection of the unoffending should, of course, be an object of humanitarian consideration as well as the reform of the offender. It is true of sex delinquents as it is of confirmed criminals that they are of vastly different types and some may be found for whom punishment seems to be the only alternative.¹ In New York, many defendants receive sentences in the work-house for periods varying from one day to six months. These might be roughly classified in two categories:

(1) Those receiving sentences of less than 30 days, for which sentence there seems to be little justification other than a frank admission that the court does not know what else to do with them and uses this as a catch-all.

(2) Those receiving sentences from 30 days to 6 months, who the judge probably believes are in need of punishment.

The fine as a punishment or deterrent in prostitution cases should be completely discarded.

The following excellent statement with reference to fines is contained in the resolutions of the All-America Conference on Venereal Diseases, which convened in Washington in December 1920:

“Whereas a woman who prostitutes herself for hire, alone of all prostitutes, derives her livelihood thereby; and

“Whereas the occasional imposition of petty fines against prostitutes is not a deterrent, but results in stimulating them to greater activity in practicing their business to pay their fines and further makes the community a sharer in the proceeds of prostitution; and

“Whereas the majority of States have no reformative institutions for adult women, and the personnel and funds for intelligent supervision of women under probation are inadequate:

¹ All sentences should be, however, for an indeterminate period.

“Resolved, That the only justification for the imposition of fines as punishments in this class of cases is where the court has no power to impose any other punishment, and that in such cases the most appropriate procedure is to impose so large a fine that the delinquent will be unable to pay and will upon default in payment automatically go to an institution. The imposition of a fine should not be permitted by the police to operate under any circumstances as a license; and

“It is further Resolved, That the All-America Conference on Venereal Diseases is opposed to the fining system in prostitution cases and recommends the immediate repeal of all laws permitting fines in communities having adequate reformatory or penal institutions and probation systems, and a similar repeal of laws permitting such fines in other communities as fast as such communities establish such adequate institutions and probationary machinery.”

E. Indeterminate Sentence.

This classification is given to that type of delinquents for whom is provided in New York the so-called Parole Commission sentence. Under the Parole Commission Law, this sentence may be given to those defendants who have had two previous convictions during the preceding 24 months or three previous convictions within any period. It is an indeterminate sentence not exceeding two years. This permits of a long period of observation of persons who have perhaps been tried under probation or in reformatories with apparent failure, and of whom a longer study is necessary than could be made during the remand period. An administrative board, such as the Parole Commission, after a sufficiently long observation and supervision, can determine whether or not something may be done towards the reclaiming of the offender or whether or not an indefinite period of detention is desirable, both in the interests of the individual and of society.

VI. PROBATION

Probation has been defined as "a system used by courts in suitable instances to discipline or improve the conduct or conditions of adult offenders or children without commitment to an institution, by releasing them conditionally under the authoritative, helpful oversight of an official known as the probation officer."¹ The executive secretary of the National Probation Association characterizes this system as "nothing more nor less than social case work in the courts, organized and legalized."

To determine, therefore, what offenders are suitable for probation, what manner of discipline or improvement may be applied, and what kind of supervision should be exercised, constitutes the essential problem of this method of treatment.

Standards for effective probation work were formulated a few years ago at one of the annual conferences of the National Probation Association.² These standards, 31 in number, stress among others, the importance of:

1. Limiting the number of cases supervised by one officer at any one time, to fifty.
2. Inducing the judges not to place on probation the definitely feeble-minded, confirmed inebriates, or habitual offenders.
3. Making a preliminary investigation.
4. Securing the services of physicians, psychiatrists, and psychologists to examine delinquents before sentence.
5. Individualizing treatment. Points of concentration should be health, education, employment, recreation and spiritual development.

¹ *Methods of Supervising Persons on Probation*. Report of a committee appointed by the New York State Probation Commission to investigate and make recommendations concerning methods of supervising probationers, Albany, 1922, p. 3.

² *Social Courts and Probation*. Proceedings of the 13th Annual Conference of the National Probation Association, Atlantic City, 1919.

6. Receiving reports and making home visits systematically.

7. Making a definite constructive effort to help probationers by means of kindly guidance, home visiting, and practical service.

8. Requiring definite qualifications as to character, ability, and training on the part of probation officers.

In spite of the fact that organizations have so clearly recognized the essential elements of their task, one still finds serious discrepancies between theory and practice. On the basis of special studies of probation, the writers feel impelled to raise this query: "How many officers in the United States are able to limit cases to fifty or less—cases assigned after a careful preliminary investigation on the part of a trained social worker—cases among which no feeble-minded, inebriate, or habitual offender may be found? How many probation officers in the country are finding it possible to individualize treatment to the extent of making a definite, constructive plan for each probationer based upon a report that deals even with the outstanding factors of the social, physical, mental, and emotional needs of the delinquent?"

After much discussion with probation officials, one is able to formulate from their statements a composite point of view relative to their difficulties, which might read somewhat as follows:

"Because we are too few in number, it is frequently necessary for a single officer to carry from one to two hundred active cases at a time. Many of these are unsuitable subjects for probation. Some might profit by training and discipline in the state reformatory or some private institution, but the judges don't like to take two or three years out of a young girl's life. If they are sent to the Workhouse they will mix with the old, hardened offender. Some of these unsuitable types are mentally deficient, but our institutions for the feeble-minded have long waiting lists. While probation is, in a great many instances, applied to women who undoubtedly

will derive little benefit from it, because of the factors indicated, by a process of elimination it frequently seems to be the best available disposition. Burdened with these practically hopeless cases, we are hampered in exercising constructive supervision on behalf of those cases to whom probation has been wisely applied. As it is, our officers frequently are unable to visit many of their cases more than once or twice during the probation period; sometimes, in fact, not at all. Instead, the probationer reports at the court. Only too often, in such cases, the officer is absent, with the result that a purely perfunctory report is made to a clerk or stenographer. Another reason why our officers cannot adequately supervise cases is that most of their time is taken up in investigating new cases. Furthermore, it is impossible to get trained officers for the salaries offered.”

In attempting, therefore, to indicate the requisites of a model probation department, one is immediately conscious of the fact that they have been stated repeatedly by those best informed about the matter, namely, court officials and probation associations. With equal clearness, those dealing with delinquents have defined their difficulties in realizing even approximately the desired standards. It becomes apparent that a model probation department is compatible only with a model court. As such a court is not likely to spring fully equipped into being, suggestions for improved probation methods, even where the department works under some of the handicaps indicated, may not be out of place.

Preliminary Investigation and Supervision. The activities of a probation department are marked by two well-defined stages, namely, preliminary investigation and supervision, for only a portion of those investigated are actually placed upon probation. In fact, it is generally held that the purpose of the preliminary investigation is to determine which cases are presumably eligible for probation.¹

¹ The first probation law, passed in Massachusetts in 1878, authorizes the appointment of “a suitable person, whose duty it shall be . . . to investigate

Preliminary Investigation. The probation department of the Women's Misdemeanants' Division in Philadelphia makes a preliminary investigation of all defendants. In New York, on the other hand, usually only first offenders are investigated. And of these, only a portion are placed on probation. Thus it is apparent that the probation department, in order to determine which cases are eligible for probation, must make an investigation of many court cases. Naturally, no court would think of inviting the superintendent of a reformatory or of a private institution receiving commitments from the court, to make an investigation of all convicted persons in order to determine the fitness of some for their particular institutions. Nor should those directing any form of supervision or control, study all in order to treat a few. Yet this is what the probation department does whenever it investigates all cases in order to select probationers. Such an incongruous procedure would be obviated if the original purpose and scope of the department were broadened to include a social investigation of every case for the purpose of determining the best possible disposition. In this way the probation department would become an important part of the social service of the court. Gradually our courts are realizing that every sentence meted out should be based on social as well as legal considerations; that it is impossible to make a suitable disposition of any case without adequate insight into the social, physical, mental, and emotional history of the defendant.² To secure such information the court will need the services of a physician, psychiatrist, psychologist, a case supervisor and a sufficient number of trained social workers.

the cases of persons charged with or convicted of crimes and misdemeanors, and to recommend . . . the placing on probation of such persons as may reasonably be expected to be reformed without punishment."

² That a preliminary investigation is of value to the judge in determining what sentence to impose is the experience of the Probation Department of the Recorder's Court in Detroit, where "the percentage of investigations is gradually growing, as judges prefer to know social factors before sentencing." *Report on Probation for Women*, by Elva M. Fornerook, Director, Women's Division, 1924, ms.

The first three might be attached to the court or to community clinics. The case supervisor and the social workers would naturally be the chief probation officer and her staff.

Those who may object to the investigation of recidivists need only to be reminded that the records concerning such persons when they entered the court for the first time are still available. The new investigation need cover only the period of time which has elapsed since the last conviction. If in the meantime, the delinquent had received custodial care, the results of any studies made in the institution may be made a part of the court records. Whether the recidivist should be placed upon probation is a matter to be determined only after a thorough study of all aspects of the case. One cannot say that no recidivist should be placed upon probation any more than one can assert that all first offenders should be placed on probation.

First of all, the court will wish to know whether the person awaiting sentence is a first, occasional, or habitual offender; whether she is free from infectious disease, of whatever nature; whether she is of sound mentality. It will then need to know something of her social and economic status and her outstanding characteristics. It will wish also to learn whether the girl or her family is known to welfare agencies or institutions. A brief summary of the outstanding results of the investigation, with recommendations as to disposition, would follow as an obvious corollary of the preliminary studies made. The recommendations, which should be specific in character and made in writing, might well comprise two sets: First, those within the range of facilities available; second, those that might presumably meet the requirements of the case. Then, by recording the steps taken, the outcome of the case, and a brief analysis of the important factors contributing to success or failure, the court would gradually develop an insight into the needs of its charges and could in turn make the community aware of those needs. Instead of standing on an apologetic defensive, reiterating the handicaps

under which it is laboring, the court should be able to assume an intelligent offensive that would enlist public support.

The court, of all social institutions, is perhaps the most in need of enlightened support from the community in which it operates. Specialists in any field often find themselves occupying a lonely outpost and are apt to feel exasperated, when the cause which they espouse is not accorded wholehearted public support. Legislatures do not appropriate the needed thousands. The public is ignorant and apathetic. Specialists rather easily overlook the fact that their distinction as such would disappear if the general public possessed their knowledge. And to-day, those who advocate treating delinquency as a malady to be cured, rather than a crime to be punished, are prone to forget that they hold such a view only as a result of intimate contact with offenders and close, extended, scientific study of their needs. When they come forward with requests for modern institutions for the feeble-minded, reformatories constructed on the cottage plan, appropriations for better trained probation officers in order that the delinquent may be "adjusted" while continuing to live in the community, they must remember that the public in its innocence, supposes that the courts exist for the protection of society and the punishment of those who threaten its peace and safety. Is not this the tradition, centuries old, in which it has been wrapped? If the awakening be too rude, is it strange that the public talks of "coddling" prisoners, or of probation as responsible for the so-called crime wave? The courts, as laboratories for the study and treatment of the law-breaker, with the view of reclaiming him, is a conception so far removed from the old one of punishment, that it calls for careful intelligent interpretation on the part of those charged with the task. Such a work has been undertaken by a group of women in Connecticut who are seeking to interest the women of the state concerning their responsibilities on behalf of delinquent women. If the courts need public funds, they need, still more, public understanding.

Certain cities may very properly inquire: "Of what practical value is such a study if we have no state training school, no adequately developed probation system, or insufficient accommodations for the custodial treatment of the feeble-minded?" This will be discussed elsewhere. The probation officer, when the selection of certain apparently unsuitable types for probation has been criticized, is wont to reply plausibly: "In deciding whether the case is suitable for probation, one must bear in mind what alternatives are open to the judge. For he must ask himself, not whether the delinquent is ideally suitable for probation, but whether probation would not be better than a jail sentence or commitment to a reformatory." So long as such a system of probation by elimination is adhered to, so long as we cling to the belief that we must put up with what we have, so long as we conceive of probation as a catch-all disposition, rapid advance in a truly socialized treatment of the offender need hardly be expected. The danger of such a complacent attitude lies in the fact that the whole probation system is brought into disrepute, and its genuine merits obscured by the inevitable failures.

Who shall make the preliminary investigation? Some would have special officers undertake this work, reserving for the supervision of cases placed upon probation those officers who show special aptitude in dealing with individuals. Others feel it is unfortunate, in case the delinquent is placed upon probation, for a new officer to start afresh. Such a procedure, they hold, practically discards the friendly confidential relations established between the investigator, the girl, and her family. This latter point of view apparently overlooks the fact that only a portion of those investigated will be placed under the supervision of a probation officer. Apparently, also, those holding this view do not concede that a competent investigator may not be equally successful in winning the confidence and affection of those she is seeking to influence.

Supervision. After the delinquent has been placed upon pro-

bation and assigned to the care of a probation officer, the first step of the officer should be to review the reports and recommendations contained in the preliminary investigation, in order to develop a suitable plan for the girl's rehabilitation. A careful analysis of the various reports would show her assets and liabilities. The latter could be listed in the order of their importance. A change of environment, medical treatment, training for some special work, better recreational facilities, might be matters for immediate consideration. The objectives, of whatever nature, should be listed and plans for their attainment tentatively worked out. Probation departments in Detroit and Buffalo are said to follow plans somewhat similar to the one outlined. Such a procedure enables the officer to check up on what she actually accomplishes with respect to each case. From time to time, it would be well for the officers, the psychiatrist and the psychologist to discuss progress in their treatment of the girl, so that needed modifications of their plan might be effected. Thus, it is seen the period of supervision is marked by three distinct stages:

1. Remedial and constructive measures.
2. Observation of the effect of those measures.
3. Modification or development of plans in accordance with observations made.

Only too frequently, in the writer's observation, supervision apparently implies policing the probationers. Visiting on the part of the probation officer and reporting on the part of the girl may indicate somewhat "how she is getting along." It leaves open the question whether her good behavior may be ascribed to the efforts of the probation department, or her bad behavior to the inadequacy of those efforts. It may fairly raise the question whether, under a suspended sentence without probation, the offender might not have done as well or as poorly.¹ For if probation is indeed "nothing more nor less than social case work in the courts" it must undertake

¹ This does not mean that the writers advocate a suspended sentence. They merely wish to point out that the condition described has been frequently observed.

constructive measures on behalf of the delinquent, and not merely note the outcome of the case.

VIII. RECORDS AND STATISTICS

Adequate records and statistics should be maintained by the specialized court. These are important, not only with relation to the individual delinquent, but as a basis for evaluating the methods employed by the court. It is highly desirable that the courts adopt, where practicable, a uniform system of records. Such a system should preserve the outstanding facts relative to arrest, detention, trial, and disposition of the delinquent. It should also include the written recommendations to the court, the findings of the probation department, and the various specialists who examine the girl. If the girl is placed upon probation, a record should be kept by the probation department, showing its plan of supervision and treatment. After the case is closed, a summary and discussion of the main features of the case, with a statement as to the outcome, and a brief analysis of the factors contributing to success or failure, should be added. If the delinquent is committed to an institution, a duplicate copy of her institutional history should be filed with the papers in the Statistical Department of the specialized court.¹

¹ In New York a committee has been formed representing the Women's Court, all organizations coöperating with it, and the different institutions to which the court makes commitments, for the purpose of providing a uniform system of classification, terminology, and records.

SUPERSTITIONS ARISING FROM ANCIENT LAWS OF HYGIENE

ANNE MILTIMORE PENDLETON
Los Banos College, The Philippines

Among ignorant peoples, many seemingly foolish superstitions oftentimes have their origin in what were once sensible laws of hygiene.

For instance, in India, a pregnant woman will not touch papaya or papita if she wants her child to live. The Indians say that for a pregnant woman, papaya is "unclean". Conversely, many prostitutes, and even married women, especially of the very poor class, will eat papaya purposely in order to bring on abortion. They believe the abortions are brought on because they have eaten something "unclean", that is, religiously unclean. As a matter of fact, medical experts of India hold that there seems to be some agent in papaya which actually does cause abortion. For a non-pregnant woman, papaya is clean, and may be eaten with impunity.

A menstruating woman goes into seclusion two days before, during, and two days after menstruation. For that time she is considered unclean, and must not touch any of the other members of her family nor help prepare any of the food for the family. Her food is brought to her, and she is left entirely alone. This is the outcome of an old law of the Shastras, the religious book of the Hindus, made for the purpose of giving a woman needed rest during the menstrual period. Now it is a punishment for being "unclean".

A child is often seen with a small bag of asafoetida strung around its neck along with a lot of silver and brass charms. The people think it "keeps away the evil eye". Asafoetida, the doctors say, is a good germicide.

Indian mothers oil their babies and put them in the sun for

a little while. It is the religious duty of a Hindustani mother to do this. The mothers say it makes their babies nice and fat. The Indian sun is a powerful disinfectant, and the old religious leaders probably observed that oiled and sunned babies were healthier than those not so treated, and made their laws accordingly.

Children are often seen with great black daubs underneath the eyes. This, the Shastras declare, will keep away the evil eye, and the mothers not only believe that, but believe also that it very much enhances the beauty of their children. The blacking is lampblack made of the soot of sesamum oil, and it gives protection to the eyes by acting as a shade from the glare of the sun.

One may accept a drink of water from one's own caste fellows or from a Brahmin. The water is always poured into one's own cupped hands, or into one's own drinking bowl. One never drinks out of another's drinking bowl. Here we have the precursor of the individual drinking cup.

Many feasts are given to one's caste fellows or to the poor, and the dishes in which the food is served are the broad leaves of the Budea tree fastened together with thorns. This is the orthodox serving dish as prescribed by the Shastras.

One hears much of child marriage in India, but contrary to general opinion, child marriage is not sanctioned by the Shastras. In fact, the marriage age is definitely set at approximately fifteen years for both sexes. When one considers that the children of India reach the age of puberty much earlier than European children, and that comparatively few of them go to school later than early childhood, one can readily realize that the early marriage prescribed by the Shastras is a saving morally and economically.

EDITORIALS

PROSTITUTION—A HEALTH OR LAW ENFORCEMENT PROBLEM?

“Until it is appreciated that prostitution is a health and *not* a *police* problem, and that the prostitute is a theoretical if not an actual danger because she is a disease carrier and handled as such, there does not appear to me to be any method of doing permanent good.” This statement is made by Dr. L. C. Scott of the Louisiana State Board of Health in an article, “The Prostitution and Venereal Disease Problem in Louisiana”, which appeared in the *National Municipal Review*, April, 1924.

We believe that a majority of those who have studied the problem will disagree most emphatically with the statement quoted above. The locating and treating of venereal disease carriers are undoubtedly functions of the health officer. The maintenance of law and order—including the abatement of houses of prostitution and the prevention of street solicitation and other illegal vice conditions—is just as undoubtedly a function of the law enforcement authorities. It is easy for either authority to overstep the boundaries but confusion always results when this happens.

As for reglementation, it is unsound both in principle and practice, whether administered by police, judge, health officer, or all. And how, save by the medical examination features of reglementation can health officials, alone, attempt to cope with the problem of prostitution?

Prostitution per se is admittedly an offense against society, to be dealt with by our police and judicial systems as is the case with other legally recognized offenses.

Persons infected with a venereal disease are, in so far as the treatment of the disease is concerned, the proper and logical wards of our health authorities regardless of whether the affliction was acquired in the course of promiscuous sex relationships or not.

Organized society has enacted laws and ordinances against prostitution because it recognized the necessity for these legal safeguards. The health officer, while keenly interested in encouraging the legal authorities to vigorously apply these edicts, is not, himself, an agent primarily responsible for dealing with prostitution.

We hope that Dr. Scott will not urge this claim too often as there are many police authorities in this country who would gladly unload the task of grappling with prostitution on to other shoulders if the opportunity presented itself. Surely the physician and sanitarian will not care to add to their already pressing burdens.

Those interested in the proper correlation of the duties of health and law enforcement agencies dealing with prostitution will find the presentation* in this issue of the JOURNAL most helpful.

LOCATING THE SOURCE OF INFECTION

It is a city of approximately 20,000 population. Its citizens are proud of their schools, their churches, their business organizations, and their health and police protection. The city is located in a busy and enterprising state where public welfare is given more than average consideration.

And yet, with all these advantages, 21 men and boys were found infected with gonorrhea in this city and environs within a few days and all admitted having contracted it at a house of prostitution, located a short distance outside of the city limits. These 21 cases are known but the chances are that there are many more attributable to the same source. Some of the 21 were infected weeks ago. All were willing to tell the source of their infection but, prior to the sending of an employee of the State Department of Health into the city, not one had been asked where he contracted his disease.

The state police were called on and they proceeded to put the roadhouse out of business, but in the meantime what a

* Standards for a Socialized Court for Dealing with Sex Delinquents.

fearful toll was paid because the city health authorities and the private physicians who had treated some of the cases failed to observe a primary public health axiom. As a health officer of the state said, "An epidemic of gonorrhea could have been avoided if the city health authorities had taken the logical and essential first step of locating the source of infection."

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	365
Association Notes.....	377
Book Reviews.....	378
Briefer Comment.....	383
Social-Hygiene Bibliography.....	384

New Social Ideals in Family Life.—Mrs. Anna Garlin Spencer in a paper delivered at the twenty-first annual convention of the Religious Education Association held in Providence April 23-26, 1924, spoke of the movement toward democratizing human relations which has extended at last into the intimate relation of home and family life. Admitting the right of the individual to seek the highest personal development of which he is capable she yet insists on the preservation of the home as an institution in which it is possible (with some adaptation), to have a real democracy in which the rights and personality of all shall be duly regarded.

Of the importance of sex education in assisting in this new democratization of family life she says:

"There is, however, a distinct type of education needed in order to make more conscious and more effective this social movement toward a higher type of family unity.

"We need to make the best ideals of sex-relationship, the highest demands of married life, the social reasons for competent and de-

voted parenthood, and the affectional and ethical elements in family unity a distinct and recognized element in character training. The family itself should find new ways to emphasize the newer and higher ideals of a democratized household. The school should neglect no form of training which can show how men and women can help and not hinder each other in the development of noble and useful personality. Above all the church should make training for sex-relationship, parenthood and family stability, based not upon any form of obsolete autocracy but upon a real and reverent respect for individual rights and mutual respect for each personality in each home, a fundamental object of all its spiritual culture. The minister of religion has thrust upon his attention, often when he is incompetent to deal with it, the pathological conditions of family tragedy. He should have in his training for the pastoral office and in all the apprenticeship of his vocation a definite and a conscious and a truly pedagogical drill in fundamental elements of successful family life in a democratic order."

Social Hygiene Course at Columbia University.—A course in social hygiene will be given at Columbia University, from July 7th to 25th, 1924. Classes will be held daily from 1:30 to 2:30 P.M., exclusive of Saturdays, in the lecture hall of Vanderbilt Clinic. The course, which is listed as Public Health S12, is to be given under the direction of Dr. William F. Snow, General Director of the American Social Hygiene Association. Lectures to be given are: July 7th and 8th, General Problems of Social Hygiene (including History, Development and Methods), Dr. William F. Snow; July 9th, Research and Investigation, Dr. Katharine Bement Davis; July 10th, Statistics in Social Hygiene, Miss Mary A. Clark; July 11th, Recreational and Protective Measures, Dr. Valeria H. Parker; July 14th, Legal Measures, Mr. George E. Worthington; July 15th, Medical Measures, Dr. Walter M. Brunet; July 16th, Economic Aspects, Mr. Ray H. Everett; July 17th, The Rôle of Sex in Human Life, Mr. Newell W. Edson; July 18th, The Biological Approach, Dr. Maurice A. Bigelow; July 21st, Social Hygiene Education for Childhood and Youth, Dr. M. J. Exner; July 22d, Education for Marriage and Parenthood, Dr. M. J. Exner; July 23d, Community Responsibility for Social Hygiene, Mr. Newell W. Edson; July 24th and 25th, Informational Measures (motion pictures, lectures, slides, exhibits, magazines, pamphlets, and newspapers), Mr. Ray H. Everett and Mr. Paul S. Achilles.

Legitimation of Children Born Out of Wedlock.—A bill has recently been introduced into the British Parliament aiming to secure the legitimation of children born out of wedlock by the subsequent marriage of their parents. Opponents of the bill have argued that the results of such a measure would be to increase tremendously the prevalence of irregular relations with consequent harm to the conventional family group.

Mrs. C. Neville Rolfe writing in reply to the objections to the bill, says (*Contemporary Review*, March, 1924):

“Our moralists should also bear in mind that those who are experienced in wrong doing take care that their evil ways produce no permanent consequences which supports the argument that the largest number of such children are the result of permanent unions or of youthful ignorance. If we really are honest in our desire to raise the moral standard why do we not give our young people routine training in sex control? Why do we not enforce by social custom a single moral standard? Why do we not facilitate early marriage? Why do we separate the men of our army, navy, and air force from their wives for long periods? Why do we dismiss women teachers on marriage? Many and various are the outlets for the activities of those who wish to raise the standard of sex conduct but it is unfair and useless to attack the illegitimate child. Those who think the general moral standard will be affected have only to look to the experiences of other countries and our own Dominions.

“To sum up:

(1) Considerations of entail and intestate property affect but a very small number and these are already safeguarded in the bill.

(2) The motive for violent sex crimes is not an acute sense of parental responsibility and other laws than legitimation can deal with murderers and imposters.

(3) The majority of illegitimate children are the offspring of irregular but permanent unions and it is in the best interests of morality to encourage the marriage of the partners in such unions by legitimating the offspring.

(4) The relationship between illegitimacy and promiscuity is so slight that no attack on the illegitimate child can affect the moral standard for better or worse, but it can and does victimize the child and jeopardize its development as a useful citizen.”

The Guild for Health and Welfare in French Switzerland.—The Guild for Health and Social Welfare in French Switzerland comprises 75 affiliated societies organized for public health and social work. The purpose of the Guild is to secure unity of purpose and economy of effort among the various organizations endeavoring to further social progress. The organization is directed by a small committee with a permanent secretariat at Lausanne. The secretariat collects information, issues publications, coördinates all efforts, and plans the program of activities for the Guild. Regional and local autonomous branches make the plans effective in the communities.

Every year some particular phase of public health or social welfare work is selected as the special object for the winter campaign. The plans for 1923-1924 included the organization of health propaganda weeks and local demonstrations in practical social hygiene. It is hoped that by these means the work of the National Organization for Combating Venereal Diseases, which originated soon after the war, will be carried on and greatly expanded. The organization has at the present time nine branches operating in the different sections of Switzerland.

Prostitution in the Rhineland.—The French periodical, *La Française* (May 3, 1924), contains the following item regarding prostitution conditions in the occupied area:

“A scientific magazine of January, 1924, speaking of the measures put into operation by the military authorities in the Rhineland, to prevent the spread of syphilis says: ‘Official prostitution carried on by women well known to the police and submitting to a regular control is the prostitution which offers the surest guarantees. Because of this it has been encouraged in the largest military quarters and particularly in those composed of native troops. In these places houses of public prostitution are functioning. They are very closely supervised by the German police and medical examinations are very methodically carried out under the French Public Health Service by German doctors.’

“Thus under the triple control of the state, the military authority, and the German police, these slaves decay, officially sacrificed, in order to encourage men to lead a life of debauch with the minimum risk.”

Women in the Service of the Vienna Police.—The Austrian Council of Women and the Association for Women's Political Interests have recently given attention to the collection of data with reference to the place and functions of women in the Vienna Police Service.

At a public address delivered in Vienna, Dr. Bruno Schultz, Director of Police, stated that of the 1200 persons employed in the service—not belonging to constable and detective service—about 400 are women. Most of these women are working in the office and administrative service; still a considerable number are detailed for special police duties.

The admission of women to the police service began in 1898 when 60 women, mostly relatives of men in the service, were admitted to the lower ranks of the police service. At the present time it is reported that there are 17 women who have the rank of vice-director in offices. Among the important functions performed by policewomen at the present time are: (1) The work in the Juvenile Relief office which attempts to prevent the brutalization and neglect of children; (2) the coöperation in the rehabilitation and relief of drinkers; (3) work at the Moral Police Bureau where one woman is entrusted with protective work for morally endangered young girls, and (4) work as police matrons.

The Police Director recommended the further extension of the services of women to criminal cases, to coöperation in the emigration bureau, and to relief of the families of persons arrested by the police or the law courts.

Venereal Disease Control in Germany.—A paper in a recent number of *The Hospital and Health Review* describes the threatened collapse of the German system of organization for the control of venereal diseases. The system as it was in operation in 1919 had as its basis the local dispensary which was prepared not only for diagnosis and treatment of the diseases but for supervision and follow up of cases as well. Their officers took a leading part in the administrative control of the venereal diseases, helped to secure notification, conduct educational propaganda, and in various ways restrict the opportunities for the dissemination of the diseases. In 1919 as many as 138 of these dispensaries were actively functioning with an enrollment in one instance of 4,602 cases. The cost of operation was distributed between the central and local authorities and the insurance companies.

With the decline in the value of the mark and the threatened bankruptcy of the central government, support has been withdrawn from one dispensary after another until there is a serious prospect of these measures being abandoned for want of funds with which to operate.

Syphilis and Mental Disease.—Horatio Pollock, writing in the *State Hospital Quarterly* (February, 1924), mentions the enormous increase in the number of patients with mental disease in institutions within the past few decades, the number per 100,000 having increased from 81.6 in 1880 to 220.1 in 1922. This increase is taken by the author to mean more confidence on the part of the public in institutions rather than an actual increase in mental diseases. That certain factors in modern civilization are correlated with the widespread prevalence of mental disease is shown by the following statements: (1) Mental disease increases as physical disease decreases, (2) the rate of mental disease is higher in cities than in rural districts, (3) the rate of mental disease is higher among inferior than among superior stocks. Factors tending to cause a decrease in the prevalence of mental diseases are: (1) The prohibition of the liquor traffic, (2) the movement to check syphilis, (3) improvement in the standard of living.

Syphilis is mentioned as the primary cause of the mental disorder of more than one-eighth of the first admissions to hospitals for the insane in New York State.

The Caste of the Dancing Girls.—Leaders of enlightenment and progress in India have for many years devoted a large share of their attention to the reform and rehabilitation of the *Deva Dasi* or the caste of dancing girls. These girls who are attached to the temples of worship, ostensibly for the purpose of dancing and singing in the temples on occasions of worship and at the time of religious processions, are in reality prostitutes whose pursuits are given the sanction and protection of the priests of the temple.

The following abstracts from the speech of the President of the Social Conference held in Guntur on April 19th mark an attempt on the part of Indian leaders who are disposed to look at the situation objectively to blend the old and the new traditions in a manner to lead both to harmony and progress.

As to the cost of maintenance of a dancing girl, he says:

“Costly dress, costly food, and well furnished homes are matters of absolute necessity to her. So that she requires much more money for her maintenance and appurtenances than a member of the other castes.”

Owing to the disrepute into which the entire caste has fallen as a result of the reforming zeal of the leaders of progress the position of the *Deva Dasi* has become precarious. Singing as a profession is no longer confined to one caste but members of other castes also entered the profession competing with the *Deva Dasi* for a share of public attention.

As to the future Mr. S. Ajeneyulu, President of the Conference, suggested the following:

“Education, literary, scientific, and vocational, is the way out of this miserable state of affairs.

“Another important step in this direction is to get the girls of the caste married. At this initial stage the parents will do well not to give the girls any advanced English education. It is also advisable that they not be given tuition in advanced music, vocal or instrumental. They must be trained up as hard working housewives. Scrupulous attention must be paid to the formation of character, as they will have to be the pioneers of marriage in this caste. In the initial stage pre-puberty marriages are to be encouraged for various reasons.

“The third suggestion, I would make, is the formation of a marriage bureau, which should prepare a list of boys and girls of marriageable age, in the caste. Correspondence with this bureau will obviate the difficulties that now exist in regard to procuring husbands for girls.

“I respectfully request all the male members of this caste occupying decent positions in society to admit their caste in order that members of the caste may approach them for purposes of marriage. The marriage bureau, I hope, will solve this difficulty.”

The Social Service Council of Canada.—At a recent meeting of the Social Service Council of Canada which is composed of representatives from all the leading Protestant denominations of the Dominion,

a number of resolutions were passed with regard to problems of social hygiene. Among these were the resolutions concerning clean books, prostitution, and methods of dealing with family desertion. Their content is as follows:

"The Council would recommend that a Board of Supervision be appointed by the Dominion Government representing the Departments of Customs, Post Office, and Agriculture to deal with literature imported into or published within the Dominion and that an effective check be kept on the circulation of banned books and periodicals through the notice in the various centers."

The following amendments to the Criminal Code were recommended:

"Everyone is guilty of an indictable offense and liable to imprisonment for five years, and to a fine of five hundred dollars who commits adultery.

"No action or prosecution shall be commenced under this subsection without the leave of the Attorney-General of the Province within which the offense is alleged to have been committed.

Everyone who, being the owner or occupier of any premises or having or acting or assisting in the management or control thereof, or being the owner or in control of any vehicle or vessel, induces or knowingly suffers any girl or woman to resort to or be in or upon such premises, vehicle or vessel for the purpose of being unlawfully and carnally known by any man, whether such carnal knowledge is intended to be with any particular man or generally, is guilty of an indictable offence and is liable to two years' imprisonment."

With respect to methods of dealing with family deserters the following is suggested:

"We believe that every effort should be made to insure the vigorous and effective handling of such cases when the man has been brought back in order that a wholesome respect for the law may be developed that will have a deterring influence in the community. Since the extra-mural employment of prisoners is a peculiarly effective means of ensuring that a deserter shall support his dependents, we recommend the extension of the extra-mural permit system to the eight Provinces where it has not yet been adopted.

"We would further urge that 'adultery' and 'venereal disease' on the part of the husband be added to the reasons that would entitle a married woman, living apart from her husband, to be deemed deserted."

Biennial Convention of Women's Clubs.—The biennial convention of the General Federation of Women's Clubs was held in Los Angeles, California, June 3-13. Among the speakers on the program were Princess Cantacuzene, Secretary of Commerce Hoover, Gene Stratton Porter, and Mrs. Carrie Chapman Catt. Dr. Rachelle Yarros of Hull House, Chicago, and Chairman of the Committee on Social Hygiene of the General Federation of Clubs was present and took part in the program.

Among the topics for discussion were "Cleaner Journalism", "The Woman's Page", and "Divorce". Secretary Hoover delivered an address on "The American Home" and Dr. Hugh S. McGill spoke on "Strengthening the Moral Forces of the Nation."

The following resolutions regarding the importance of sex education were passed:

RESOLUTION No. 1

Whereas, all the students of the problems involved in social hygiene are practically unanimous in the opinion that sex education is the surest and most constructive means not only of preventing venereal disease, but also of bringing about a higher and nobler relationship between men and women, greater happiness in married life, and the building up of a finer race of men, and

Whereas, the general federation is one of the pioneer organizations that recognized the value and need of the social hygiene movement, and

Whereas, the work of this committee has always been considered by the federal and state authorities as one of the greatest contributions to nation-wide health work,

Be it resolved, That the General Federation of Women's Clubs put itself on record as strongly favoring sex education, and,

Be it further resolved, That special study groups be formed in the respective states for the study of this subject.

RESOLUTION No. 2

Whereas, all modern criminologists, psychologists, and the public health leaders feel that sex delinquency is one of our most important health and moral problems, and

Whereas, the old idea of punishing the sex delinquents is now giving place to the newer and saner attitude of, first, the punishing of all those who are contributing to and are supporting the vice system, and, second, the provision of proper social treatment for the sex offender.

Be it resolved, That the General Federation of Women's Clubs put itself on record as strongly urging the interest of all women in the study of these problems, and the newer methods of dealing with them.

Dr. Hynek J. Pelc.—Dr. Hynek J. Pelc, Commissioner of Public Health, Prague, Czecho-Slovakia, spent several days during the past month visiting at the offices of the Association, conferring with members of the staff and reviewing the Association's motion pictures. While in New York Dr. Pelc visited a number of clinics and other institutions in and around New York City for the purpose of noting American methods for the prevention and control of the venereal diseases. Dr. Pelc was accompanied by his wife who is also a physician.

Campaign Among Railway Employees.—The management of the Illinois Central Railway has begun an intensive campaign to educate employees on the dangers of venereal disease. Ten thousand copies of the pamphlets *Manpower* and *Sex Education in the Home* will be distributed and lectures will be given at all junction points. Orders are to be issued for the removal of all advertisements of venereal disease nostrums from the railroad property and placards giving information regarding the nature and prevalence of these diseases and the means of securing effective treatment will be framed under glass and placed in the various wash rooms of the system including passenger coaches and Pullmans. A personal letter from the general manager and the chief surgeon is to be sent to all male employees inviting their coöperation in the campaign and urging attendance at the lectures which will be supplemented by motion pictures showing the effects of the diseases.

The campaign has been promoted by the United States Public Health Service, W. H. Gillette, Regional Consultant, being its director. Exhibits and motion pictures distributed by the American Social Hygiene Association will furnish the main publicity features.

Social Hygiene Posters in English Railway Stations.—A communication from the Secretary of the National Council for Combating Venereal Diseases reports the extensive use of social hygiene posters for men in the railway stations of England, practically all the railway way stations of the country having ordered posters for display.

Cuts of the exhibit "Healthy Womanhood" were made available by the American Social Hygiene Association to the British society so that corresponding exhibits for women may be used in the stations.

The Kahn Precipitation Test for Syphilis.—C. C. Young, Director of the Bureau of Laboratories, Michigan Department of Health, Lansing, Michigan, writing in the June issue of the *American Journal of Public Health* urges the importance of the Kahn precipitation test as the next step toward a correct serum diagnosis of syphilis. He points out that the Wassermann test needs to be supplemented because of the necessity for overnight incubation of a large number of weaker positive reactions and the occasional loss of a positive reaction in cases of unquestionable syphilis. The Kahn test permits the quantitative determination of the relative number of syphilitic reacting substances in serum based on a unit system. A summary of the features of the Kahn test as at present carried out in the laboratories of the Michigan Department of Health is given as follows:

“1. The method is comparatively simple and thus facilitates the study of many problems associated with the serum diagnosis of syphilis.

2. Reliable results are obtained with specimens which are anti-complementary in the Wassermann test, thus eliminating the necessity in many cases of obtaining new samples of blood and repeating the test.

3. The reaction being completed within a few minutes after mixing serum with antigen, the test is of especial help in emergency cases where the rapidity of obtaining results is an important factor.

4. The test appears to possess unusual specificity. It is well known, for example, that the Wassermann test may give falsely positive reactions in febrile conditions. Detweiller's negative Kahn test findings at the Toronto General Hospital in a number of cases of non-syphilitic pneumonia, against weakly positive Wassermann reactions, is in our opinion significant. Yagle and Kolmer's finding also, that this precipitation test does not give false reactions in leprosy, should be mentioned in this connection.

5. The special quantitative procedure is of particular value in studying the serologic effect of anti-syphilitic treatment.

6. The test with spinal fluids is an additional valuable precipitation procedure.”

Sex in Education.—A committee of experienced educators, men and women, appointed by the British Board of Education to investigate and report on the need for the differentiation of the curriculum for boys and girls in secondary schools, reports as follows:

Our inquiry has not imbued us with any conviction that there are clear and ascertained differences between the two sexes on which an educational policy may readily be based. We have encountered a number of facile generalizations about the mental differences between boys and girls; we have found few, if any, which we were able to adopt. Again and again we were assured by our witnesses that one boy differed from another, and one girl from another, even more

than boys differed from girls; and we could not but notice that a superiority which one witness claimed for boys might be vindicated by the next witness for girls. Men and women have existed for centuries; but either sex is still a problem to the other—and, indeed, itself; nor is there any third sex to discriminate dispassionately between the two. As psychological study develops, and as statistical inquiries and data are multiplied, it may be possible to attain some tangible and valid conclusions. In the meantime it is the part of wisdom neither to assume differences nor to postulate identity, but to leave the field free for both to show themselves. Let boys and girls have a large choice of subjects, and teachers a wide latitude in directing the choice of subjects—such is the policy which we would advocate. It would be fatal, at the present juncture, to prescribe one curriculum for boys and another for girls.

Proposed Study of Syphilis in Pre-natal Clinics.—The following resolutions were passed unanimously by the annual convention of the Medical Women's National Association, Chicago, on June 9, 1924:

Whereas, scientific research has demonstrated the value of diagnosis and treatment of syphilis during pregnancy,

Be it Resolved, That the Medical Women's National Association hereby requests the Committee on Public Health to conduct a study of pre-natal clinics with relation to the provision of facilities for diagnosis and treatment of syphilis, the findings of said Committee to be reported, with recommendations, at the next annual meeting.

Be it Further Resolved, That the Medical Women's National Association requests the American Social Hygiene Association to assist the Public Health Committee in carrying out the study.

Oxford Ophthalmological Congress.—Dr. Park Lewis, of Buffalo, New York, will attend the Ophthalmological Congress which will convene in Oxford, England, during July. While there Dr. Lewis will present a paper showing the bearing of the venereal diseases on blindness and lowered eyesight. Dr. Lewis points out the necessity of the early recognition of syphilis and its prompt treatment in order that the losses which follow its neglect such as atrophy of the optic nerves, choroiditis, retinitis, irritis, schleritis, may be avoided.

He also urges the necessity of an organized movement for the prevention of blindness in order that the various agencies may coöperate in reorganizing and controlling conditions which would be disastrous to sight before the damages have been produced as it is usually at a late stage that they come to the attention of ophthalmic surgeons.

ASSOCIATION NOTES

Dr. Valeria H. Parker and Dr. Bertha M. Cady of the American Social Hygiene Association were present at the Annual Convention of the National Congress of Mothers and Parent-Teachers Associations which was held in St. Paul May 5-10.

A round table discussion in social hygiene was conducted by Dr. Parker who is Chairman of the Committee on Racial Health. The Committee voted to change this committee's designation from its previous form to that of the Committee on Social Hygiene. A section of the conference was addressed by Dr. Cady who has been conducting study groups for the parent-teacher associations for the past year. Dr. Cady also had charge of the Social Hygiene Exhibit. Following the convention Dr. Parker addressed the Hennepin County Health Exposition which was held in Minneapolis.

* * * *

Dr. Rachelle Yarros will represent the American Social Hygiene Association and the Chicago Social Hygiene Council at the California Conference of Social Work and at the Biennial meeting of the General Federation of Women's Clubs to be held in Los Angeles, June 3-12. Dr. Yarros has been invited to address both of these meetings and her presence will aid in the adequate presentation of social hygiene to delegates of these large and representative assemblies.

* * * *

Mrs. Martha P. Falconer and Mrs. Gertrude R. Luce of the Association's staff attended the Imperial Social Hygiene Conference which was held in London May 12-16. Before returning to this country they will visit many institutions and organizations in England and on the continent whose social hygiene interests are closely allied with those of American Social Hygiene Association.

* * * *

Dr. Walter M. Brunet of the Department of Medical Measures, American Social Hygiene Association, has just returned from a series of conferences with health officers, county medical associations, and other organizations interested in public health work in West Virginia. As a guest of the State Department of Health Dr. Brunet visited a number of points in the state in the interest of the promotion of the anti-venereal disease campaign conferring with health officers and

physicians as to the advisability of establishing local venereal disease clinics and discussing programs of work with directors of some of the newly established clinics in the state.

Dr. Brunet will also attend the meeting of the American Medical Association to be held in Chicago, June 9 to 13. He will direct the social hygiene exhibit and the showings of social hygiene motion pictures which are yearly features of these meetings.

* * * *

A religious leaders conference on sex character training was held in Chicago on May 27th under the auspices of the American Social Hygiene Association in coöperation with the Federal Council of Churches and the Chicago Church Federation. The program included the discussion of the various social hygiene problems confronted in a program of religious education and the opportunities and responsibilities of religious organizations and leaders in sex character training. At the conclusion of the day of discussion a Committee on Recommendations submitted a report recommending practical steps and methods suitable for religious agencies both in publicity and education along these lines.

The Chicago Conference is the third of a series of religious leaders conferences which are being promoted by the Association. The first of the conferences, held in New York March, 1923, so proved its value in practical results that a series of conferences in different sections of the United States was planned. The second conference was held in Atlanta, April, 1924. The Chicago Conference was followed by a similar one in Portland, Oregon, on June 3d.

BOOK REVIEWS

CHILD PSYCHOLOGY FOR ADULTS

ONE LITTLE BOY. By Hugh de Sélincourt. New York: Albert and Charles Boni, 1924. 266 p.

To classify this book as fiction with a purpose would be to discredit it as fiction. To classify it as a concrete study in human motives and impulses would be to discredit it as psychology. Nevertheless it has the merit of fiction in that it reads itself, the action is quick, the interest is sustained; and it has the merit from a scientific point of view of offering problems and issues and marshaling significant facts

that bear upon their solution. We have a connected series of graphically presented situations that hold our attention and compel our judgment. The story is told with a masterly parsimony. The central characters are clear cut and recognizable, as persons and as types, although the slight "plot" deals entirely with abstractions:

The ferocity with which the teacher resents the faults that trouble him.

The brutality which we rationalize as an instrument of education—the brutality of the physical assault as well as that of the humiliation and spiritual anguish inflicted upon the child.

The longer duration of the spiritual hurt, as is intended, but not in the way intended.

The helplessness of the untrained mother, inhibited by her affection from all activity but worry, because all other action must be painful.

The distress of the mother, but her uncertainty as to whether it comes from the public disgrace of her son, or from his deplorable conduct.

The unconsciousness of the child carrying out blind impulses or habit forms acquired during the age of innocence. His vague discomfort, feeling that something is wrong about him, yet quite unaware of having had wicked thoughts—the world is good to him, he likes fairly well most of the people with whom he has dealings, just as he likes his games, or jam; there is no trace of ill will or malice.

The boy's distress, too, fails to relate clearly to conscious values, but is evidently due more to his mother's state than either to the physical pain and humiliation of his punishment or to any remorse over his misconduct.

The poise and wisdom of the blacksmith and his daughter, which we are to attribute somehow to their lack of sophistication—a pair lifted bodily from the Victorian period, but likely to make themselves at home anywhere, at any time, because simple and genuine.

The paralyzing effect of submission to authority, inhibiting the best impulses and corroding intuitive sympathies.

And finally, redemption through love.

What is it all about, as a psychological study? The more or less unconscious auto-erotism of a healthy boy of eleven, the outraged sensibilities of the schoolmaster, himself a homosexual, on discovering the masturbation of the child, the brutal flogging of the boy before the assembled school—to teach him a lesson, of course, and to impress

the school with high ideals of purity. The teacher does not understand either the child or the mechanism of "punishment". He impresses the boy's mother with the atrocity of his misconduct and makes her promise to whip him on repetition of his offense. The mother struggles between her affection for and confidence in her child, and her stupid reverence for authority embodied in the teacher. The boy overcomes his "bad habit" in a short time, but not because he was whipped and humiliated and threatened with an "inferiority complex", but because he discovered beauty in the human body, and love and something to do and to live for. The teacher does not understand this, would not believe it if he were told; but is not told and gives us a good picture of authority gnashing its teeth impotently when defied by a gnat or a little boy.

This book deals with an important and difficult phase of child development, and the corresponding problems of training and guidance. The emergence of the boy from the narcissistic period, with overt masturbation, ordinarily takes place without any assistance whatever from the adults charged with supervision. In fact, most adults are quite unaware that important changes are taking place, or that masturbation is a "normal" element in the child's life. The essential facts are here presented in a manner that will be least offensive to those whose previous training compel them to oppose a facing of facts. There is nothing either sentimental or obscene in the book, and yet there is nothing of circumlocution or evasion. Here is something that every parent, every teacher, every worker with children needs to know; and here there is more than a recital of bare facts. The pictures are beautifully done—word pictures—and are worth reading for adults who have nothing to do with children, if there are any.

The reader is made to feel the significance of the many unconscious drives that compel our conduct; but there is no mystic fatalism, for the implications throughout are of definite mechanisms that can be discovered and eventually controlled. How to discover these mechanisms and how to control them, this is a large sector of the problem. How to live, how to guide the lives of younger people. And to this problem Mr. Sélinecourt has made a real contribution, not through any original research or epochal discovery, but through his beautiful and truthful introduction to the spirit of a little boy.

From a technical point of view one may question the rapid transi-

tion of the eleven-year-old boy from the unconscious self-regarding vegetable to the infatuated Galahad; and also the interest of the sixteen-year-old girl in the little boy. The scene in which the little boy suddenly discovers the human form is dangerously near the fantastic. But these points are relatively unimportant for the general reader. The total effect remains of an illuminating peep into the soul of a child, of great value to those who can use light.

B. C. G.

THE POLICEWOMAN, HER SERVICES AND IDEALS. By Mary E. Hamilton. New York: Frederick A. Stokes Company, 1924. 200 p.

There has by no means been universal agreement among social workers, heads of police departments, club women and others interested in the appointment of policewomen, regarding the duties to be performed when they are finally secured. Mrs. Hamilton, New York's first policewoman, sets forth her personal observations and views on the subject gained from her own experience. She lays no claims to making a historical survey nor has she attempted to use in any way the experiences of other cities in her efforts to guide those who are entering the policewoman field. However, if we take out certain pseudo-scientific paragraphs on the nature, causes and cures of crime scattered hit and miss throughout the book, we have left a most interesting account of policewomen's work which Mrs. Hamilton has, herself, been carrying on and her opinions regarding the possibilities for expansion and the pitfalls to be avoided.

The style varies in different chapters. In an interesting chapter, "The Policewoman as a Detective", details and directions are gone into of which the following is illustrative—"Move in a circle from the scene of a crime noting footsteps, wagon tracks and similar traces. Question everyone living in the vicinity, gradually widening your circle." Such highly specific directions differ markedly from the rest of the book. It's an ambitious project to attempt to combine instruction for professionals with generalizations for the public.

The chapters on finger printing, identification and missing persons are exceedingly interesting and show thorough knowledge of the subjects.

The classifications of subjects under the training course for policewomen is poor. Mrs. Hamilton frequently mentions social case work, but that is a term capable of many definitions and we are given very

little idea of what her's would be. The more detailed treatment of the subjects of finger printing, identification, the locating of missing persons leads us to surmise that she is much more at home in these fields than she is in the field of social case work.

That Mrs. Hamilton hitches her patrol wagon to a star is illustrated by such paragraphs as the one with which the book concludes: "Crime is a super-social disease. The policewoman of to-day is doing the research work that will reveal its causes and possible remedies. In the policewoman of the future rests the hope of a permanent and lasting cure." Even those of us most enthusiastic about the policewoman movement might question her statement that the policewoman of *to-day*, except in rare instances, is doing research work that will reveal the "sources, causes and possible remedies" for crime and we can hardly believe that Mrs. Hamilton's last sentence means to imply more than that the policewomen of the future are to have a *share* in bringing about a permanent and lasting cure. But we hastily cast aside reading glasses for a telescope to examine the star to which she is trying to hitch, when she says, "If every school had a woman protective officer, a *policewoman* to handle its difficult girls and boys and to teach all children the fundamentals of crime prevention, there would be fewer juvenile delinquents and less crime. Every other officer acts when the harm has been done. The policewoman has the advantage of being able to deal with the child before he becomes an offender against society." Probably no phase of social work is receiving more attention to-day than the department of child study and visiting teachers connected with our public schools. The intelligent policewoman should know how to coördinate her work with these, as well as with other social agencies, but we predict heavy casualties if she attempts to drive her patrol wagon into the public schools.

There is a wide field of usefulness for a Woman's Bureau in every police department. After careful surveying and experimentation the precise functions can be worked out. As a guide for the thinking of those in police work this book is in no way comparable with Raymond Fosdick's *American Police Systems*, but it should serve a valuable purpose in helping to popularize the policewoman movement.

HENRIETTA ADDITON.

BRIEFER COMMENT

DISEASES WHICH KILL MORE WOMEN THAN MEN. Statistical Bulletin—Metropolitan Life Insurance Company, v. 5, no. 5, May, 1924.

Death-rates for the great majority of the important diseases are higher among men than among women; there are nevertheless a number of diseases which show higher death rates among women and for which the reason is not clear. This article while not trying to determine the cause, gives some interesting facts about the diseases which record a higher death-rate of women than men.

HEALTH WORK FOR MOTHERS AND CHILDREN IN A COLORED COMMUNITY, including a study of venereal disease as a prenatal problem. Issued by the N. Y. Association for Improving the Condition of the Poor, 1924.

An account of an intensive health service for colored mothers and children conducted by the New York Association for Improving the Condition of the Poor in one of the most congested colored districts in New York City. The significance of syphilitic infection as a prenatal problem being thoroughly demonstrated, an important feature of the follow-up work has been bringing the children under treatment; and in observing the effect of congenital syphilis on growing children.

THE MASTERY OF FEAR. By William S. Walsh. New York: E. P. Dutton & Co., 1924.

A book for the layman which lists and explains in non-technical language, the principal abnormal fears which hamper men and women to-day. Much unhappiness and many business and social failures are due to fear and whereas the author does not offer any cure for abnormal fear in general, he does deal specifically with some of the common fears, showing how they arise, how they may be guarded against and overcome.

In the chapters on the "fear of heredity" and the "fear of maternal impressions" the author shows what a large part the imagination plays in endeavoring to establish as fact certain fallacies.

RESUMÉ DU COURS DE PERFECTIONNEMENT EN DERMATO—VENEREOLOGIE ET UROLOGIE. Division des maladie veneriennes. Province of Quebec, Montreal, Canada, 1924.

A course of lectures in French given at the Hospital of Notre-Dame, Montreal, Canada, in October, 1923, by authorities on the subject of venereal diseases.

The lectures are arranged as given in the three courses on Syphilis, Dermatology, and Urology. Dr. Walter M. Brunet of the American Social Hygiene Association gave the lecture on "Criteria for the Cure of Gonorrhea in the Male".

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

THE NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- BICKEL, B., M.D., *comp.* Diagnostic signs of congenital syphilis. *Venereal disease information* (U. S. Public health service), 5:163-74, April 20, 1924.
- BLOUNT, A. E., M.D. Obstetrics in relation to chronic gonorrhea. *Medical woman's journal*, 31:147-51, June 1924.
- BRICKNER, BARNETT R., Rabbi. Judaism's attitude toward social hygiene. *Public health journal* (Toronto), 5:206-10, May 1924.
- BUTTERWORTH, J. J., M.D. Observations on a county venereal diseases scheme; the defects in administration. *Lancet* (London), 206:1041-44, May 24, 1924.
- CLARK, T. The sins of the father. (*U. S. Public health reports*, 39: 1205-11, May 23, 1924.
- CONNOR, W. H. Unsuspected syphilis. *U. S. Naval medical bulletin*, 20: 439-45, April 1924.
- CUMMINGS, H. S. Social hygiene and public health. *World's health*, 5: 73-77, March 1924.
- DELL, F. Can men and women be friends? *Nation*, 118:605-6, May 28, 1924.
- EVANS, JAMES A., M.D. Syphilis and the duty of the modern hospital. *Hospital progress*, 5:147-52, April 1924.
- GILMAN, C. P. Toward monogamy. *Nation*, 118:671-73, June 11, 1924.
- HARRISON, W. F. Modern reading and its relation to sex morality. *Public health journal* (Toronto), 15:211-15, May 1924.
- Imperial social hygiene congress at Wembley, May 12th-16th. *Lancet* (London), 206:1023-24, May 17, 1924; 206:1075-76, May 24, 1924.
- International unions and the League of red cross societies. *World's health*, 5:121-24, April 1924.
- KENNEDY, MRS. R. A. Social hygiene tours. *Public health journal* (Toronto), 15:216-18, May 1924.
- RAIZISS, G. W., Severac, M. and Kopelman, A. The employment of arsphenamine and its derivatives in the modern treatment of syphilis. *American journal of clinical medicine*, 31:369-76, June 1924.
- RIDDELL, W. R. La maladie de la baie de St. Paul. *Public health journal* (Toronto), 15:145-57, April 1924.
- ROSS, GEORGE W. Syphilis and marriage. *Public health journal* (Toronto), 15:198-205, May 1924.
- Sex education in school and home, a special number for teachers and parents to help them in the right sex training of childhood and youth. *New era*, 5:42-75, April 1924.
- SHAFER, B., M.D. Review of the treatment of syphilis. *Illinois journal of medicine*, 45:359-64, May 1924.
- A study of the attitude of a group of male negroes toward venereal diseases. *Venereal disease information* (U. S. Public Health Service), 5: 175-76, April 20, 1924.
- Syphilis and marriage. *Venereal disease bulletin* (Tenn. department of public health), 3:1-3, May 1924.
- Traffic in women and children. *Vigilance record* (London), p. 25-29, April 1924.

Journal of Social Hygiene

VOL. X

OCTOBER, 1924

NO. 7

THE SEX FACTOR IN CHARACTER TRAINING *

M. J. EXNER, M.D.

*Director, Department of Educational Activities, American Social
Hygiene Association*

Of all the factors which influence the development of personality and character none is more powerful and pervasive than the sex factor—that group of impulses and motives which spring from the sex and reproductive endowment of the individual. The sex motive runs through the warp and woof of human life, influencing profoundly its development and character from its purely physical to its highest spiritual activities.

But of all the factors which enter into the development of a human life, none has been so much neglected and so seriously mismanaged in education and training as sex. We are coming to see with increasing clearness that in this neglect and mismanagement, more than in any other fact, is to be found the essential cause of the prevailing sex problems of our social life—prostitution and other forms of sex delinquency, venereal disease, unhappy marriage, broken homes, etc., and

* Read at the fifty-first National Conference of Social Work, Toronto, Canada, July 1, 1924.

that our most strategic attack upon these problems is to be made in bringing our whole scheme of education and training so to function as to utilize the sex endowment of developing youth educatively for character and social ends. The soundest and surest solution of these problems lies in aiding our youth, by way of sex, to achieve the richest and fullest and most social life. This means education to an adequate understanding of sex and a full appreciation of its significance in life, as a basis for sex adjustment on high social levels.

The reason which has prevailed for the neglect of sex in education and training is to be found, first, in a lack of appreciation of the tremendous and inevitable rôle which sex plays in the life of the individual, especially in childhood and youth, and second, in the perverted attitude toward the whole subject of sex which has been to this day a social inheritance of the great mass of the adult public. The subject has been taboo as one that is essentially unclean, ignoble, to be avoided in the social intercourse of decent people, and especially to be evaded with children and young people, in the hope that innocence may be preserved through ignorance. The first essential step toward effective sex education of the young is the reëducation of the responsible adults, in attitude and appreciation in respect of sex. There is nothing inherent in the young which makes sex education difficult. They react to it as normally and as splendidly as to any other life interest wisely handled. The difficulties lie in the acquired inhibitions and perverted attitudes of the adults upon whom the responsibility for such education falls. Most adults need to have the subject of sex redeemed for themselves before they can wisely undertake to guide the young with regard to it. They, first, must come to appreciate it, as the young must be led to appreciate it, as a normal, upbuilding, life-enriching force. Parents and teachers must, first, come to look upon their task of sex education of the young not as a dreaded ordeal but as a rare opportunity and privilege.

In this brief address on so broad a subject, it is possible

to give no more than a hint of the high values of sex in human life. In all the higher forms of life, including man, the miracle of the perpetuation of life is wrought by the union of the male and female elements—egg and sperm. The separation of these elements from their respective parent bodies was the first distinctly sacrificial and social process, working for social as against purely selfish ends. It was the starting point for the growth of all that is finest and most prized in our social life. Egg and sperm were endowed with a powerful affinity for one another which ensured their union. Likewise, between male and female there arose a powerful attraction, a sexual sympathy, which served to assure their union and the procreation of life. This first spark of sexual sympathy was the starting point for affection and love in all its wide ranges and in its purest strands in which it is, to-day, found in the best of our social life. Mother love, that marvelous thing before which the world stands in wonder and reverence, had its source here. So, also, the affection of mates, out of which in turn grew the family, the home, and all those finer strands of love which have come to enrich human life so greatly. That crowning human development, the moral instinct, the capacity for moral feeling, has grown out of the sex-derived home. The first moral action was that in which mates first began to restrain their native impulses out of consideration for one another. So, also, the social instinct and spirit which has made possible and which underlies our social life has developed out of the sex-based family.

No less important a rôle does sex play in the development and life of the individual. The primary sex cells, the cells which remain undifferentiated, are the determining force in the development of the individual even before the body has taken shape in the mother's womb. Throughout childhood, it is these sex cells which are determining the physical, mental, and temperamental character of the individual.

Have we not all observed something of the astounding

development of adolescent youth? The rapid growth of frame and of the characteristic physical proportions of manhood and of womanhood, the new interests and enthusiasms, the growth of reasoning faculties, the feeling of independence and the impulse to take the reins of life into his own hands, the widening of social interests and spirit, and the awakening of the love-life which makes the whole world take on more varied and vivid hues, for the adolescent youth? He comes to live in a world of romantic love, his soul swept with great currents of youthful idealism which are ever the world's greatest hope. In his affections lie the springs of his life.

What is back of this marvelous development of the adolescent youth? Again, it is sex. Deprive the youth of those manhood-building (or womanhood-building) hormones which the sex glands are pouring into the blood, and these developments are pitifully altered. We have neither man nor woman, but a neuter. Sex in human life is a great creative force which has marvelous capacity for upbuilding and enrichment. But it must not be forgotten that it has equal capacity for degradation and brutishness. Which it shall be will depend mainly on how we direct and develop this sex endowment in the education and training of the individual. A force so powerful and so pervasive in life cannot safely be left to the play of haphazard influences. Sex in human life has its crude biological base with powerful selfish impulses and passions, and it has its higher zone of unselfish, social, esthetic, and spiritual impulses which have evolved out of that crude physical base. It is the function of these higher social impulses to socialize and spiritualize the selfish physical core. But the physical, selfish, impulses are much the older and are, therefore, more deeply rooted in human nature. In order to assure the socializing, spiritualizing process we must call out, develop, and exercise the social capacities through consciously and wisely directed processes of education and training and through the influence of wholesome environment.

The question as to whether we shall or shall not permit sex

education of our children is still often raised. This is not the question at all. Sex education from earliest childhood is inevitable. The child lives in a sexual environment and receives sex impressions from every hand. The family life with its sex relations—husband and wife, parent and child, brother and sister—observation of animals, conversation of adults and of older playmates, magazines, newspapers, billboards, motion pictures, etc., all contribute to the child's sex education. If the impressions which the child gets are not interpreted for him in terms of wholesomeness and high values, he will piece together an interpretation of his own, in most cases vulgarized and sensualized through the sources from which, and the atmosphere in which, his sex impressions have been received. We do not have the choice as to whether or not our children shall have sex education. We do have the choice as to what kind the dominating, character-forming sex impressions shall be. Let me illustrate.

Some years ago, I made a study of the early sex impressions of nearly a thousand college men. It was found that 63.9 per cent of these men had received their first permanent sex impressions before the eleventh year. Eighty-seven and six-tenths per cent received them before the thirteenth year. Nine and one-half years was the average age at which these first permanent sex impressions were received. This being the average, it means that many received them much earlier, some as early as three years of age.

From the point of view of character, it is important that these early impressions should be wholesome and come from responsible sources. It was found, however, that 91.5 per cent of these college men had received their early sex impressions from unwholesome sources, that 80.4 per cent had received them from other boys and only 4 per cent had received them from their parents. Seventy-nine per cent of these men stated that the influence of these impressions on their lives had been distinctly bad. They led for the most part to a vicious distortion and exaggeration of the whole

subject of sex, to smutty-mindedness, to precocious interest, experimentation and practices, and, subsequently, to a vast amount of fears, worries, and mental conflicts. The data derived from this and subsequent studies leave no room for doubt as to the urgency of wise, timely, progressive, constructive education and guidance of children in matters of sex and reproduction.

What does "sex education" in the modern sense of that term mean? It does *not* mean merely information about the consequences of the gross misuses of sex—prostitution, venereal disease, and the like. Nor does it mean merely imparting information about the biological and physiological facts of sex. All this, to be sure, belongs to sex education, but sex education must reach deeper than the intellect, alone. It is a vital phase of character education, and character education by way of the intellect, alone, is never likely to succeed. We must touch the deep springs of life and these lie in the emotions and affections. As Dr. Galloway has said, "Sex education is more a matter of psychology than of biology and more a matter of emotional than of intellectual psychology." Our task is so to interpret the facts of life as to motivate and inspire to wholesome attitudes, high ideals, right choices, sound habits, and social outlook. Sex education, in brief, means bringing to the aid of the individual, at every step of his development, the best knowledge, the most helpful experience, the most powerful incentives and the most inspiring example to enable him to use his normal sex endowment for his fullest self-development, for the enrichment of his life and for the welfare of society.

We must not make the mistake of assuming that we may safely rely upon the consciously directed processes of education, of which I have spoken, alone. The influences of the individual's environment are unconsciously molding the character of the individual all the time, and in no phase of life more than that of sex. In order to assure success in sex-

character training it is of first importance to see to it that the sex environment of the young is decent and wholesome.

No aspect of the child's sex environment is so important as the home. The home is the first school in which the facts of sex are inevitably being revealed to the child. If the home drama with respect to sex is clean and inspiring, solid foundations for sound sex character are being laid. If the home fails in this respect, nothing can ever wholly make up for the loss. No matter how correct sex teaching in the home may be, if the atmosphere, inferences, remarks, and example with reference to sex are out of accord with the teaching, the teaching will not avail.

The general state of public opinion in the community with respect to sex is an important influence upon the young. Whether low and vulgar, or wholesome and fine, it will inevitably tend to foster corresponding attitudes in them. Probably no more important environmental influence is brought to bear upon our young people than that of the recreation and amusements in which they spend their leisure time. Unfortunately, these are in very large measure commercialized, often by the most selfish and unsocially-minded elements of the community, and in them the sex appeal is extensively exploited. No more imperative duty rests upon the united social forces of the community than the making and maintaining of the play-life of the community clean and wholesome. At the same time play and recreation facilities need to be adequate to the needs of the whole community. Probably no greater opportunity for developing wholesome sex attitudes, ideals and standards presents itself than is found in the inevitable sex-social relations of the school. Wise, indeed, are the school authorities and teachers who, instead of repressing sex-social relations in the school or merely leaving them to the play of unguided instincts, will utilize these powerful influences educatively for the building of fine sex character.

Let us now consider briefly some of the elements which enter into our problem of sex-character training. It will be impossible to discuss in any detail the measures to which they point. First, the preadolescent period—the period in which sex does not normally become a conscious problem in the child's life, but which is most fundamental for training in wholesomeness of attitudes. During the first three or four years, the task is mainly one of physical care to assure normality and cleanliness of the sex parts, to avoid stimulation, and to lay the basis for sound habits. In this the physician, the nurse, and the parent each have their part to play. Much subsequent trouble has its source in improper care in these early years.

Beyond these early years the following are some of the more conspicuous elements in our problem.

1. A natural, active interest in matters of sex and reproduction on the part of most normal children. It is a *natural* interest. When the child asks the parent some such question as "Where did the cat get the kittens?" it is just as natural and innocent on the part of the child as when it asks, "What makes the snow?" It is also an *active* interest. The child will not long be denied. Rebuff or evasion, and in the end untruth, as well, will but stimulate that curiosity and render it almost certain that the child will receive distorted information from bad sources. It is the parent's privilege, step by step, to satisfy the child's mind and set it at rest by frank, truthful, wisely graded information clothed in an atmosphere of wholesomeness and respect, and thereby to establish a safeguarding bond of confidence between child and parent.

2. A natural, keen interest in the human body. The child enjoys the feel of its own skin and has a natural impulse to explore its pleasurable areas. The child is also interested in the bodies of other children and has a particular curiosity about the conformation of the opposite sex. It is likewise curious about the physical make-up of adults. These are natural, wholesome interests and should be handled as such.

They may easily become exaggerated or warped when blocked or distorted through the evasive and embarrassed attitudes of adults or through vulgarizing sex information from bad sources. Unabashed mingling in the nude in wholesome ways within the family circle, accompanied by appropriate teaching is the effective method.

3. Early sex impressions and information. We have already seen that various studies show that practically all children receive impressions and information about sex at a very early age and that for the most part the information is distinctly unwholesome, tending precociously to stimulate rather than to allay curiosity, and to warp character. This information must be forestalled and robbed of its influence by sound teaching in a wholesome atmosphere.

4. A natural tendency to sex play. The fact that the sex instinct expresses itself in large measure as a play instinct is not yet sufficiently appreciated. This sex-play impulse on the part of children is as innocent as the sex play of puppies but it has its dangers and must be wisely directed.

Our essential task in the sex guidance of the preadolescent youth is to bring him to the threshold of puberty with a clean, wholesome, respectful attitude toward matters of sex; with a satisfying background of information which will have given his sex interest an intellectual instead of a morbid direction because it has connected his own sex with a universal process; with a fine appreciation of the manhood (or womanhood)-building rôle which sex is playing in his life; and with freedom from unwholesome practices. With this achievement the problems of the period of adolescence will be vastly minimized. Without it the problems of this period are likely to be formidable.

With the beginning of adolescence, new and powerful factors enter into the problem. New thoughts, feelings, impulses and experiences gradually introduce him into a new world. Nature begins and works rapidly the significant transformations which I have already mentioned. The following

are some of the important new factors which help to complicate the problem.

1. The awakening of sex consciousness. Sex now gradually becomes a conscious force in the life of the youth, and the opposite sex takes on new meaning which colors his whole outlook on life.

2. The growth of sex impulses. With the awakening of sex consciousness, the awareness of sex, we have the growth of a psychic urge toward the opposite sex, that is, of sex attraction. This psychic sex attraction is powerfully reinforced by a physiological sex urge toward physical-sex expression created by the internal secretions of the sex glands. The peculiar and superior form of consciousness in humans renders the individual more powerfully sexed than all other living creatures. This fact taken together with the fact of an oversexed environment in which our literature, art, the drama, amusements, social life, and even commercial advertising are pervaded with the sex appeal, renders the sex problem of the adolescent youth a problem of the first magnitude. It is utter folly to assume that with reference to sex, young people may wisely be left to stumble their way alone, in the dark, to high levels of life or even to safety. They require the best and most sympathetic help which we humans know how to give.

3. The manifestation of new physical sex phenomena, such as seminal emissions, menstruation, and others. Without timely interpretation and guidance these often lead to years of mental stress and conflict, to ill health and even tragedy.

4. A new sex curiosity. The sex interest of the preadolescent child concerns itself mainly with facts. The new curiosity of the adolescent is much more about experiences. He wonders what sex experiences really are. This curiosity is quite natural and in no way ignoble, but unguided, it has dangerous tendencies. It is this adolescent curiosity about sex experience which renders open, tolerated prostitution in a community so dangerous to youth. In a recent investigation

of the persons who went in and out of an enclosed "red light district," a vast proportion were found to be boys of high-school age. They are drawn much more by curiosity than by physical sex urge.

5. The growth of the love instinct. Whether outwardly manifested or not, love and romance become the great, sweeping undercurrent of the adolescent's life. Here in his affections lie the springs of his life from which arise his noblest impulses, ambitions and dreams. A conspicuous aspect of this growth of the love-life is a spontaneous and all-embracing idealism. It is this idealism which makes adolescent youth of the greatest significance to any nation. It is this idealism of youth which sustained the fighting in the recent great war. It is, also, our greatest hope in the sex education of the adolescent. We must hitch our sex wagon to this most brilliant star. We must aid the youth to translate his romantic idealism into fine attitudes, firm purposes, right standards, sound habits, and social service.

6. Powerful but unstable emotions. It is natural for adolescents to be swept in varying degrees by vague but turbulent emotions, the conspicuous characteristic of which is their instability. They sweep his life in waves. One hour he is riding on the crest of the wave, elated, enthusiastic, joyous. The next hour he may be floundering in the trough, in the depth of despair. This fact accounts for the astonishing number of adolescent suicides which occur, very often for the most trifling and silly reasons. This emotionalism being intimately tied up with love and sex, greatly complicates our problem. Our task is to stabilize these emotions, to substitute a natural unemotional attitude for an emotional one through helpful teaching, sound interpretation of life, and sympathetic guidance.

Our essential purpose in sex-character training must be so to teach and interpret the facts of life, so to shape the environmental influences, and so to present inspiring example that normal sex development, full self-realization and sound

sex-social adjustment shall become the unconscious result of consciously chosen ideals.

Upon whom does the responsibility for the sex guidance of the young fall? It falls upon the entire community. This is especially true of its environmental aspects. All the socially-minded forces of the community must unite in the effort to make the community environment clean and constructively stimulating. The primary responsibility for the sex education of children rests upon the parents. No one else can ever wholly make up for their neglect. The schools must supplement and build upon the work of the parents. Few parents are qualified to discharge the full responsibility. This is incumbent upon the school from a purely intellectual point of view, for, such subjects as biology, physiology, psychology, sociology, ethics, home-making sciences and literature cannot be well taught as intellectual subjects alone without dealing with their sex-social aspects and implications. But, furthermore, society is increasingly demanding of education that it shall function not merely in training the intellect, but also in training character. Sex education is merely a phase of character education as a whole and becomes, therefore, a responsibility of the school from that point of view as well. A de-sexed educational system is no longer tolerable.

SOCIAL HYGIENE *

AN ADDRESS INTENDED FOR A PROFESSIONAL MEDICAL GROUP

R. S. DIXON, M.D.

Director, Venereal Clinics, Department of Health, Detroit, Michigan

This paper is addressed primarily to physicians. It is presumed that others than persons with medical training are included in the group gathered at this convention. Please bear with me for a little time while we discuss things almost wholly pertaining to the physician and his work. The physician of the present day is gravely responsible for the education of the laity concerning venereal disease as well as for its medical control and treatment. I don't see how he longer can evade the responsibility. Let us review for a few moments some of the achievements in the field of medical science pertaining to these very important diseases.

The history of disease as it concerns nations and races is as important for public-health diagnosis and prognosis as the individual case history is to the diagnosis and prognosis of the individual. As the greatest of our medical authorities has so well stated, "Know syphilis in all its manifestations and relations and all other things clinical will be added unto you." What is the history of syphilis, the major venereal disease? After studying many manuscripts of ancient writers some of our best authorities claim that syphilis was unknown to the ancients. It appears to be a strictly American product. It was acquired by the soldiers of Columbus in America. From the date of their return to Spain the definite history of syphilis begins. When Christopher Columbus discovered America in 1492, he brought back to Barcelona some samples of gold, a few native Indians, and a disease. The gold was

* Read at the fifty-first National Conference of Social Work, Toronto, Canada, July 1, 1924.

quickly dissipated; the Indians have been almost completely annihilated by civilization and the white plague; the disease, however, spread with great rapidity. Succeeding years found it steadily advancing through Spain, Italy, France, England, India and Japan. In less than a hundred years all the civilized nations of the earth had felt its destroying power.

Its newness and its severity caused it to be the subject of most careful investigation by the medical men of that time. What the doctor of that day lacked in mechanical, scientific equipment he made up in clinical observation. He made most minute and intensive studies of the cases before him, for upon this rested his medical judgment.

The result was that syphilis, and to a somewhat lesser degree, gonorrhea, have been so accurately described that very little was left to the present day observer. Among those who have contributed much to the early study were Fracastoro, Hunter and Bell and more lately Neisser, Ducrey, also Fournier, Hutchinson and Ricord. During the last twenty years, Schaudinn, Wassermann and Ehrlich had been our outstanding contributors. Its history, then, as written by these many observers shows that if the problem is to be met in any adequate way it must be with the hearty coöperation of national and international organizations.

The individual histories have revealed that it may be transmitted through several generations, that it may be extremely virulent causing grave injury and death in a very short period, that it may lie dormant and almost completely symptomless and also that its manifestations may be varied and almost numberless. This not only adds to the difficulty of its recognition, but also to the difficulty of its control. Its origin may be venereal, but its ramifications are almost ethereal. By this I mean, the finest of the fine and the purest of the pure may not be able to escape its destructive influence. There seems to be no end to the mysterious paths over which this infection travels in its search for new victims. The doctor knows all this, he uses it for the purpose of diag-

nosis and treatment. I wonder if that is all the value of the history of venereal disease?

The empirical use of mercury in the treatment of syphilis from the earliest times has been justified by results. In our enthusiasm for the more spectacular, I might say, miracle working drugs we must not forget this serviceable agent, mercury. Through the years it has proven its worth and to-day perhaps no other drug finds its way into so many forms as does this one in the treatment of syphilis. The old unguentum hydrargyri has frequently been dressed up in new clothes, but still continues to decorate the exteriors of many persons suffering with this disease. To those who prefer pills and powders many varieties are offered. Perhaps the most common are calomel, protoiodide, bichloride, and mercury and chalk. To those who like the thrill of the needle, biniodide, bichloride, succinamide, salicylate, and a host of others are prepared for their enjoyment. A number of intravenous products have become very common, mercurosal being at the present time widely discussed. Other forms of mercury and other methods of administration are in use. The doctor has a large assortment from which to choose. He should surely be able to satisfy the most exacting patient. The corner drug store will supply him with pills, powders, drops, pastes and liquids to inject intravenously or intramuscularly. What drugs can do in the eradication of this disorder should certainly be done, they being both plentiful and cheap.

Let us interest ourselves for a few minutes in the development from the standpoint of bacteria. As far back as 1659, Kircher noticed minute living worms in vinegar, cheese, milk and putrid meat, and later in 1675 Leeuwenhoek, who was a lens grinder, was able to see by his rather crude device, animalcula in saliva and rain water. These findings strengthened the theory advanced by Marcus Antonius Plenciz that specific diseases were caused by specific organ-

isms. The origin of these minute bodies was a matter of controversy and for one hundred years the manner of their formation was discussed by such men as Spallanzani, Schultze and Schwann. Many believed that they were formed spontaneously. Those who believed that all living forms came from preëxisting life devised many pieces of apparatus to prove their point. Boiling, exclusion of air, and various types of filters were used but it remained for Pasteur to find the spore which was the cause of the failure of many previous experiments.

For thirty years, from about 1850 to 1881, the elements of Koch's law were being worked out. In 1849, anthrax was found in the blood of animals dying from this disease. In 1863, disease was produced by definite inoculation. In 1877, Weigert and Ehrlich used anilin to stain the organisms, thus making them easier to find and identify.

In 1880, pure culture by dilution and solid culture media came into use. From this point on advances were rapid and in many directions, until to-day we isolate culture, stain, and observe many bacteria. All this culturing, staining, and observing of these organisms has laid the foundation for the medical control of venereal disease. Thus, the medical world is thoroughly familiar with gonococcus, Ducrey's bacillus and *Treponema pallidum*. Recently immunity reactions have simplified Koch's law. By means of these many and very delicate tests we are able to discover what the organism is, without seeing it or isolating it.

If the control of venereal disease depended upon our knowledge of the organism, its habits and manifestations, the problem would be a rather simple one. Perhaps the most powerful agents in the control of venereal disease are the chemical ones. Our chief agent, arsenic, first came to the attention of the scientific world as "Cadet's fuming arsenical liquid" in 1760. About 100 years later, Bunsen spent six years in the study of this substance. He called it "alkarsin." Berzelius also devoted some time to the study of this com-

pound which he called "Kakodyl" because of its disagreeable odor. Fifteen years or more were spent in an endeavor to find the true formula of this substance which later was called "cacodyl" and was determined by Cahour and Riche to have the formula $As(CH_3)_2$.

The relation of arsenic to organisms like pallida was studied by many men until finally Ehrlich put forth his famous "606" as a specific remedy in the treatment of syphilis. It took 150 years to lay the foundation for the use of this drug. Then the growth of its compounds was very rapid. Atoxyl, arsa-cetin, salvarsan, kharsavan, diarsinal, arsphenamine, as well as galyl, luargol, were brought into use in both Europe and America. Arsenic is now cheap except to the patient who wants to buy it. If arsenic in any of its forms was the answer to the elimination of venereal disease, any one rich man could buy enough to cure the world.

Where do we find the solution of our venereal-disease problem? Surely none of these foregoing measures have availed us more than temporary relief.

The control of tuberculosis does not rest in knowledge of the bacillus causing the ailment. It rests in the education of the laity to the understanding of the care of themselves. We doctors must admit that by our equipment and scientific knowledge we have not and cannot hope to cope with the invasion of this disease unless we resort to some measures other than curative. Could we approach the medical side as suggested by the following outline? It is from a ten minute talk given to an audience of men, women and children during the safety campaign.

OTHERWISE MAN.—The wise man protects his property and his future. This seems to be also the plan of nature. The physical body is protected by a covering called the skin. The function of the skin is to prevent foreign bodies, bacteria, harmful substances, heat, cold, rain, etc., from injuring the delicate organism underneath. The skin must be nourished and kept in good condition, for if it is torn or abraded it

ceases to perform its function and allows damage to be done to the underlying structures. We should see to it that our skin is kept in first class condition, as it is our very valuable protector.

Another protector, not so evident, is the panniculus, a layer of fatty tissue just underneath the skin. The panniculus determines your looks and form. The better the arrangement of this fatty pad, the better the appearance of the person wearing it. Its function is to pad and protect and cover the bony eminences and make smooth, round, skin. On the outside of the skin are callosities, on the palms of the hands and the soles of the feet. These likewise protect the individual from rough, hard substances with which he comes in contact.

Our clothing is for protection. The quantity of clothing does not determine the warmth of the body, but the quality and arrangement has a very marked effect. The function of the clothing is to hold a layer of air close to the skin and prevent this layer of air from being moved too rapidly. For that reason, frequently a newspaper under the overcoat will increase comfort on a cold day as much as several additional garments. This is a protector. The wise person protects his health by wearing adequate clothing.

Students of physical geography are often asked this somewhat puzzling question: "Why do the mountain tops, which are five miles nearer the sun, remain covered with snow while the valleys are covered with green grass and flowers?" Does it not seem reasonable that the mountain tops nearer the sun should be warm first; and if the valleys are warm the mountain tops should be red hot? This we all know is not true. The reason is that the clouds cover the earth like a garment and hold a layer of air near the surface and keep the valleys warm while the mountain tops stick out like a red nose on a cold day. The earth is protected.

There are other types of protection. Persons are vaccinated to protect against smallpox. Vaccination was accidentally discovered through the fact that milkmaids did not have

smallpox, while other persons in the community were afflicted. On careful investigation it appeared that the milkmaids acquired kine pox, or cow pox, from the cows during milking and were immune from attacks of smallpox. We make use of the fact now and all wise persons are protected by that vaccination. Diphtheria has been a scourge, and still remains one. After the disease is acquired, its ill effects may be destroyed by very prompt administration of antitoxin. Liability to have the disease may be determined by the Schick test; and an almost absolute assurance against the disease may be had by taking toxin-antitoxin. The wise person protects himself and his family by these measures. All good boy and girl scouts, tramping over fields are instructed not to drink from strange water supplies. The soldier boys have, in times of trouble, difficulty in finding an adequate water supply, so they are given typhoid vaccine which protects them against typhoid fever. The wise person who travels protects himself in this manner.

In some diseases, our protection lies not in the care of our skin, or in the administration of drugs or vaccination, but primarily in the development of a physical resistance to the invading organisms. Selection of our food, the kind of milk we drink, the hours of rest we take, type of exercise we give our muscles, tend to fit us to resist such diseases as tuberculosis. The wise person takes these physical precautions to ward off possible attacks from such diseases. These are sensible forms of protection.

We have some more subtle and insidious diseases than the diseases already mentioned. They have been and are doing irreparable damage to our community. Protection against this invasion, like protection against other types of disease, may be prepared for. Our mental attitude, the things we read, the things we go to see, the things we give ear to, each has its effect, not only upon our minds, but upon our bodies.

When the fire gong rings, the small boy leaves his nourish-

ing glass of milk and rushes to the window to see the brilliant engines go by. Fear of chastisement takes away the appetite of a wayward child. These, and many other examples could be cited to show that what we think, and what we allow to enter our minds, what we read and what we hear, all have a vital influence over our physical well being. It behooves us, then, to fill to the full the minds of our boys and girls with such material as will not only be entertaining and instructive, but will shut out any opportunity for inclinations to dwell on the less favorable subjects. This is one point we have too long overlooked. The wise parent will not only think for himself, but will plan for those entrusted to his care such a diet of mental food as will satisfy and protect the social welfare of these growing boys and girls. This is our time to choose! Will we be wise or otherwise in the selection of our protector?

How can the doctor educate the public concerning venereal disease? He is able to do this only in a limited way. The regular practitioner as an educator is a failure. His training, his necessity for making a living, his competition have all torn him away from educational propaganda.

When asked by a medical society as to what specific thing a physician might do concerning education along the lines of venereal disease without first having special training, my answer was after this manner: "It is the function of a physician to advise his patients as to the kind of clothing to be worn. This is for the protection of the health of the patient. The doctor is entitled to a fee for giving information on this matter.

"The patient wishes to be protected against typhoid fever. The doctor is able to protect him by vaccines, should do so, and should be paid for that service. A doctor's patient should be protected against diphtheria by toxin-antitoxin. The doctor should perform this service to protect his patient and should receive a fee for it. A doctor should, and does, explain to his patient matters of diet and exercise, that the patient

may be protected against tuberculosis. This is a distinct service to the patient and the doctor should be paid for it. Is there any good reason to believe that if a doctor is able to impart knowledge to the patient concerning his protection against venereal disease, he should not be paid for this service also?"

Now, what is the time best fitted for the giving of this information? In my opinion, it should be given to the mother during prenatal care or during the time the child is small. Exact scientific knowledge in simple form is desired by the mother at this time and can be given in all its phases without offense. Matters of health habits are related so closely to feeding and nutrition work in children that the doctor needs no urging to do this work. If then all the phases of reproduction are taught to the parents at this time, they will be equipped with one phase of the necessary information to impart to their children at such time and place as the individual needs of the child may require.

What is the best method of developing in the minds of our boys and girls a definite well-grounded attitude toward sex things so that later on, information and impressions may be properly classified and evaluated by them? Do we ordinarily have a definite pigeon hole in our minds into which we place all the information coming to us of a given kind? Supposing I say the word "baseball," the word instantly conveys to you not only the idea of a sphere covered with leather and sewed in a certain manner, but also the idea of men and boys playing in a field. The shouts of the spectators and the antics of the players probably come to your mind. Suppose I say the word "wiener." Not only does the particular brand of meat come to your mind, but also the associated ideas of a "feed" by the side of a lake, or a fishing trip. If I say the word "geometry" the high-school boys and girls think not only of a book containing figures, but also of a schoolroom and companions and teachers who were associated with the subject.

I think it is clear to you that nearly any word we hear brings to our mind related ideas which give them added meaning and makes them desirable or repulsive as the case may be. Evidently then, a well equipped mind has, we might say, mental pegs on which we hang all the multitude of impressions which come to us day by day and I believe that every well equipped mind has also a waste basket into which is thrown all such material as we can not use.

Now many of us without knowing it have a goodly row of pegs in our minds well established and find them useful. Perhaps not so many of us have good mental waste baskets. Just one or more illustrations about mental pegs. You are walking along the curb; suddenly a little child wearing a brilliant red coat dashes across the street. The car takes her unawares. She is ground to pieces in front of your eyes. You feel ill and get away from the horrible sight as quickly as possible. The next day or the next week you are walking on the street when a child in a red coat suddenly appears before you. It does not make any difference whether she is attempting to cross the street, playing in the yard or simply walking on the sidewalk, unless you are different from most folks the horrifying experience of the week before will come back to you very vividly.

Now perhaps you wonder what relation, if any, the foregoing illustrations have to rational thinking along sex lines. I will relate some information obtained from the Department of Health Clinics. These were average folks. They were married women with small children. I selected them because they represented mothers and home and the best influence of our generation. The questions asked of each were thirty in number. The object was to find out if these mothers had enough information along sex lines to instruct their own offspring and if they were willing to do so. At the same time I was endeavoring to find how early the instruction should be given and what kind. The survey yielded this information. That a large majority knew most of the facts, were willing

to instruct their own offspring, but were handicapped and embarrassed by the lack of suitable words to express themselves. The mothers admitted that their own first definite sex impressions came when they were seven or eight years of age. They usually were overheard on the street, playground, or, sad to relate, in the home, and created much the same impression on the young mind as the child in the red coat. Now I wish you would just get this point, after the first mental impression is made the succeeding impressions are not very important. It is almost impossible to undo the damage done. Any information regardless of how carefully presented will be received and hung on that mental peg, like your child in the red coat,—she may be happily playing in the yard, still because she is wearing the red coat the crunching wheels of the street car come back with the vision of her.

Just think what this meant to those mothers. From the time when they were six, seven, or eight years old on through their girlhood and womanhood they carried this mental soot and throughout that time all the wonderful stories of nature and field and brook, the beautiful story of the growth and development of flower and animal life were tainted with the smudge of that first impression. No wonder the mothers were embarrassed in the discussion of these things with their children. No wonder they hesitated in carrying out what they knew to be their duty as a parent. It all could have been so easily avoided by a little timely instruction.

We cannot decide whether a child should receive this information or not. The fact is the child will receive it and the best we can do is to decide through whom he may receive it. Let us then, for a starter, teach the child the right names for the special parts of his or her body and the simple physiology before the age of five. The child will name these things something. Let us have the right name and be done with it. As soon as a child needs a word he will supply it. Why grow into young manhood and womanhood without

knowing the simple things about ourselves. We know the names of the parts of automobiles, bicycles, radios, phonographs, etc., and find it convenient. How long will we continue to call a spark-plug wrench a "thing-a-ma-jig." Do you call the radiator a "do-queer" and the spot light a "what-chu-muh-call-it"? Why, then, in the name of common sense should we not know the names of the parts of our own bodies, and give each of them their own names? If we know the name of a thing, what it is, and what it is for, we can not only classify it, but give it its value. If we know the right things we can use them when they appear. The wrong things can unceremoniously be dumped into the waste basket like smutty words and smutty stories. Things that come to us that are partly bad we can use like the small boy does the peach. He eats the peach and throws the stone away. That's exactly what we can do with this kind of information. All that is good let us hang on suitable mental pegs and use. All that is not good let us cast away into the mental waste baskets as the small boy does the peach stone.

We cannot build strong buildings on weak foundations and expect them to stand up. We cannot build strong bodies on weak ancestors and expect them to stand the rigors of our present rushing world. We cannot build sane sensible thinking without careful preparation of the foundation. We can aid our children in building this foundation. For ourselves, we must do as the modern contractor. Jack up our mind and build beneath it even now, a suitable foundation that our future mental life may rest secure. As I said before, what we think or what we do, protective thinking bears a great influence on our well being.

Now if I have made myself clear that no amount of curative medicine will ever be able to eliminate venereal disease and that applied knowledge reinforced by a high ideal in the average person is our best hope; we are ready for the question: Just how are we to go about this thing? We want to present protective knowledge. It must be scientifically cor-

rect, morally safe, and pedagogically sound. It must be given when the person receiving it is in a receptive mood and will give it serious consideration. Why not teach both parents during the pregnancy of the mother and the early infancy of the child those things pertaining to sex that they need to know? At this time both are interested in the anatomy, physiology, and psychology of their reproduction. They are interested in constitutional disorders that affect the vitality of the egg and sperm. They are interested in heredity. They are interested in their social relationship and its possible effects on the well being and success of the little one about whom they are building so many plans. Teach them real names. Thirty words are sufficient to eliminate all the soot. They won't forget. They need these words to talk to their physicians. They need these words to explain life processes to their own children as they grow up. Let parents instruct the children at home. Teach the parents that they may be able to do this important work.

Perhaps the doctor will find it convenient to give a souvenir pamphlet or folder. It might be well for some organization to prepare such a one. It might stimulate the parents to ask questions and also give opportunity for the doctor to begin instruction. Perhaps the obstetrical and pediatrial societies would endorse such a move and give it added impetus.

My belief is: If the mother knows how to make pretty things for her children she will do so. If parents value education and can give it to their children they will do so. If they understand and know how to present clean thinking, clean conversation, and clear social relationships to their children they will be only too glad to do so. Let's furnish the facts, encourage a wholesome attitude, point out sound and economic gains to be made by this procedure and give the doctor a chance to do his bit for social hygiene in a professional and dignified way.

SOCIAL HYGIENE *

AN ADDRESS INTENDED FOR A CIVIC ORGANIZATION

E. F. VAN BUSKIRK

Executive Secretary, Cincinnati Social Hygiene Society

The following paper, although never presented in exactly its present form, is based upon several talks that have been given before men's and women's civic organizations in Cincinnati which, with its outlying districts, comprises a population of over a half million people.

Members of ———: This talk is in the nature of a report. It will treat of the activities of one of the agencies of our Community Chest, namely, the Social Hygiene Society. The purpose of this organization is thus set forth in its Constitution: "to advocate the highest standard of private and public morals; and to coöperate with all organizations that have for their purpose either the elimination of causes detrimental to wholesome social conditions, or the upbuilding of healthful and happy individual and community life." In conformity with these purposes, activities involving coöperation with the general-welfare program of the city have been developed. These activities are: (1) Social Protective Measures which have for their principal object reducing the incidence of venereal disease through law-enforcement and medical attention; and (2) Education.

SOCIAL PROTECTIVE MEASURES.—Many reasons might be advanced to indicate the desirability of establishing an effective municipal program to combat the venereal diseases. The health department of a large American city recently conducted a careful investigation to determine approximately the annual cost of the social diseases in that particular muni-

* Read at the fifty-first National Conference of Social Work, Toronto, Canada, July 1, 1924.

pality. With that study as a basis and taking into consideration the comparative size of the cities, a conservative estimate indicates that the cost of the social diseases to the citizens of Cincinnati is over three-quarters of a million dollars yearly. This estimate includes the reduced earning capacity of citizens, the money spent for medical treatment, and the money raised by taxation which would not have to be levied if the venereal diseases could be wiped out of existence. This three-quarters of a million dollars does not include any attempt at evaluating the undoubtedly much greater loss which so frequently attends these diseases in the form of mental suffering and the disintegration of homes.

Since commercialized prostitution is the principal means of disseminating syphilis and gonorrhea, any effective plan of reducing the incidence of these diseases must deal with the so-called "common prostitute" and her associates. In order to arrive at a fair estimation of what is now being done in our city along these lines, a brief historical summary must be given.

Before 1917, there was a "segregated district" and the usual methods of medical inspection and treatment of the inmates of the houses were employed. A prominent physician who at one time made an official investigation, described the physical condition of the women as "unspeakably bad." The federal government abolished the district in 1917, and it has not been reopened. At about the time the United States entered the World War the United States Public Health Service assisted the Cincinnati Board of Health to establish a venereal-disease clinic. This clinic has been in operation ever since and will be referred to several times in this report. Beginning early in the summer of 1919 there was also instituted a venereal-disease quarantine ward at the city hospital. Practically all the women sex offenders, for the most part "common prostitutes," who were brought into the police court, were sent to this ward. If diseased, they were treated and kept in confinement for a period very seldom exceeding

three weeks. The average period of detention was under two weeks. While there, attempts were made to rehabilitate them, but without success, many being remanded six, eight, ten, and even more times. After being released, only a small percentage continued their medical treatments. The operation of the ward cost the city over sixty thousand dollars. In view of both the expense involved and the poor results obtained, this ward was closed in the spring of 1922. The hospital no longer receives municipal court cases, but does treat such venereally-diseased patients as need bed care and such institutional cases as are in an infectious condition and cannot otherwise receive proper treatment.

There followed an interval of about a year and a half, after the closing of this ward, during which time, with the exception of a three months' experimental period, there was no plan for giving medical attention to the sex offenders who were, as previously, arrested and brought into the police court. True, these women were fined or jailed, but practically none of them received medical attention, either at the hands of the city or of private physicians. Certain practical difficulties made it unwise immediately to make use of the venereal-disease clinic. Finally, however, after several months' efforts, involving a public educational campaign,¹ the Social Hygiene Society, with help of certain city officials and a few public-spirited citizens, formulated the plan which is at present employed and which may be described as follows:²

When a woman is convicted of a sex offense the police court judge now remands her to the board of health's venereal-disease clinic, and her case is continued for a week. A report of her physical condition is secured and placed in the hands of the judge when she again appears in court. If she is not diseased, her case is thereupon disposed of. If she is diseased,

¹ Printed programs of these meetings may be secured from the Cincinnati Social Hygiene Society.

² For a more complete description of this plan see the leaflet, published by the Cincinnati Social Hygiene Society and entitled *The Municipal Court and the Venereal Disease Clinic*.

the case is again continued, this time for twenty days, which is as long as the law permits. Upon her next appearance in court, the judge is furnished with the record of her attendance or non-attendance at the clinic, and disposition is usually thereupon made of the case, although, occasionally, cases are continued for another twenty days.

The statement has been made that the Social Hygiene Society took the initiative in proposing the plan just briefly described. Let us see how this organization coöperates in helping to make the plan more effective than it would otherwise be. Since 1917, when our Society began actively to function not only with the municipal but with the federal government as well, two women employees of this organization have been assigned to the police court, which opens daily at nine o'clock and usually closes about noon. There is no woman probation officer in this court, and our city has not any policewomen. Our two social workers, one white and one colored, assume some of the functions usually performed by such officials, the judges calling upon them to have social-service investigations made when, in their opinions, such work is desirable. Besides doing the work already mentioned, our two employees keep, for the use of the court, a typewritten card index of all female offenders, whether arrested for a sex offense or on some other charge. There were over sixteen hundred cases of this type last year.³ The cards contain the following information: name, age, and address of the offender, date, docket number, charge, name of arresting officer, disposition of case, and name of judge upon the bench. If she is sent to the city's venereal-disease clinic, information concerning her physical condition and attendance is also placed upon the card. If this work were not done by an agency such as the Social Hygiene Society, the city would have to employ a clerk to have it continued. The value to the court of the card records in the cases of repeaters, of whom there are

³ See the *Sixth Annual Report* of the Cincinnati Social Hygiene Society, 1922-1923.

many, becomes evident when it is understood that there are five municipal court judges, each one in turn taking the police court bench for the brief period of three months.

As already indicated, the principal purpose of this work in the police court has been to help protect the community against venereal-disease infections. At present the City Board of Health does not possess sufficient funds to secure adequate social-service follow-up work. Our court workers, as far as time permits, perform such duties. They attempt, and their efforts are meeting with some degree of success as will be evidenced later, to educate the women concerned to understand that it is for their own interest to secure medical attention. This kind of education is difficult with the type of persons under consideration, and other influences must be used to induce them to attend clinics. The method at present employed is for the judge to impose lighter penalties upon those who faithfully seek medical attention, which the city furnishes free of charge, if they are unable to pay.

This plan involving the use of the clinic has now been in operation eight months, and although this is not a sufficiently long enough period to justify drawing absolutely fixed conclusions concerning it, the following facts are significant. The clinician feels that the results have been worth while. The three judges who have given the plan a trial consider it practicable. In spite of the fact that the law limits the period of the court's influence usually to three weeks, a considerable number of the women, about 40 per cent of the total, have continued taking treatments, even after the court's supervision has terminated. This result is largely due to the follow-up work of the Social Hygiene Society.

The figures of the eight months' attendance at the clinic, beginning October 1, 1923, may be summarized as follows: One hundred and one of the one hundred and thirty-eight women examined were found to be suffering from either syphilis or gonorrhea or both of these diseases. Of these women, twenty-two failed to report for treatment, thirty-nine

reported from one to three times; twenty-four reported between four and ten times; twelve reported between eleven and twenty times; and four have gone to the clinic over twenty times. In all, there were five hundred and twenty-one visits for treatments. The average number of visits per individual has been a little over five. Up to the present, five women have completed the first phase of their treatment for syphilis and are entering upon the second phase. In evaluating this work, it is only fair to note that whatever has been accomplished is just that much more than would have been done toward reducing the incidence of venereal disease, if some such plan as the one described had not been adopted. It should also be noted that a considerable number of women are availing themselves of receiving a much more prolonged system of treatment than was secured by the plan in force during the operation of the quarantine ward. We believe that another advantage of the present method is that it does away, to a great extent, with the compulsory nature of the former mode of procedure, against which many of the women openly rebelled. Finally, besides the work already described, the Social Protective Measures' Program includes reporting to the police violations of laws or city ordinances which may be brought to our attention; and, at times, acting in an advisory capacity for private social agencies that may be confronted with difficult problems relating to the venereal diseases. In regard to police coöperation, it should be stated that they have always given prompt and efficient attention to whatever reports or complaints have been made.

EDUCATION.—As a Society, we have devoted most of our attention to educational work, especially by way of supplementing, as far as it has been deemed desirable, the work of institutions and agencies that have for their object the training of children and young people. The outstanding local institution of this kind is our public-school system with its splendid grade schools, high schools, and university. Our

work in this field has already been described in leaflets⁴ and time permits but a brief summary here.

For three years a course in Sex Education has been offered under the auspices of the College of Education of the University of Cincinnati. The course, at the present time, consists of fifteen lectures of one and a half hours each. Most of the students taking the work have been mature persons—parents, teachers, social workers, ministers, nurses, etc. In addition, two other courses of similar length have been given: one, upon Mental Hygiene and Sex Education; and the other, upon Community Aspects of Social Hygiene. These courses have been received favorably and the classes have been well attended. In all, about two hundred and fifty students have enrolled for this work, which has been upon a purely elective basis and, with a few exceptions, not open to undergraduate students. Lectures have also been given to classes in the Colleges of Liberal Arts, Education, and Medicine.

In the upper grades of many of the public schools, and to some extent in the high schools, our lecturers have met classroom groups of boys and girls segregated according to sex. The talks given have been based upon, and illustrated by, certain selected placards taken from the United States Public Health Service sets, those for boys entitled, "Keeping Fit" and for girls, "Youth and Life." This work began three and a half years ago in six schools and now includes nearly thirty. Several thousand boys and girls have received this instruction.⁵ It should be stated that emphasis in this work has been placed upon positive rather than negative aspects of instruction, and for this reason the subject of venereal disease has been entirely omitted in the talks to upper grade pupils.

Upon request, short courses have been arranged for the

⁴ *Educational Activities of the Cincinnati Social Hygiene Society*. Reprint from JOURNAL OF SOCIAL HYGIENE, February, 1923; and *Social Hygiene Education*, published by the Ohio Department of Health and the United States Public Health Service, December, 1923.

⁵ For further information concerning this work see the Appendix to the *Sixth Annual Report* of the Cincinnati Social Hygiene Society, 1922-1923.

Federation of Mothers' Clubs, Y. M. C. A. and Y. W. C. A. groups, two women's civic organizations, and a group of nurses. One or more lectures have also been given to over forty local mothers' clubs, several groups of boy and girl scouts and their leaders, church organizations, fathers and sons' and mothers and daughters' meetings, factory workers, civic societies of both men and women, social workers, and the general public.

The question may well be asked: To what extent has this educational work lasting value? Time permits the mention of only a few facts. First, teachers, parents, and social workers have affirmed that as a result of taking the work in the special social-hygiene courses, they have been able to render more effective service to the young people with whom they have come into contact. Second, the social-hygiene courses offered at the University have helped to stimulate the giving of more attention to social hygiene in other courses in which this subject has a natural place. Third, in one of the large high schools, the Society has been instrumental in introducing social-hygiene material into a health course which is required of all freshman girls. This course has been given for three years and has been well received.

Large municipalities, such as ours, have not only a duty to their own citizens but also a moral obligation to assist smaller communities. The Social Hygiene Society has recognized this fact and, working through, or in conjunction with, the United States Public Health Service, the American Social Hygiene Association, and our State Departments of Health and Education, it has actively coöperated with many other communities in our state, as well as in neighboring states. We have also prepared for our State Parent-Teachers' Association a leaflet⁶ treating of sex education in the home.

SUMMARY.—Probably no municipality has as yet succeeded in reducing the amount of flagrant vice present in its midst to

⁶ *Parents, Are You Prepared?* published by the Ohio Branch of the National Congress of Mothers' Clubs and Parent-Teacher Association, May, 1924.

the extent that is possible. Probably, also, no city has as yet evolved and put into operation as effective a program in social-hygiene education as educational leaders have been able to visualize. Here, in our own city, we have tried to keep in step with the advances recently made in the field of social hygiene. Doubtless, we have not always succeeded in doing this. Unquestionably, much remains to be done. Whatever has been accomplished has been done through coöperation. The organization of which you are members has frequently rendered invaluable service to programs of civic betterment. If we all continue to work together with the forces tending to make our city a more healthful and a happier place for ourselves, our children, and our children's children, progress becomes inevitable.

Editorial Note: The first three papers published in this issue were read at the 1924 National Conference of Social Work, Toronto, Canada. Concerning them, the Secretary of the Health Division, Miss Jessamine S. Whitney said, "The papers were interesting in that they did not discuss a subject, but were written as if to be read before special audiences. Dr. Exner's address was intended for a parent-teachers' association, Dr. Dixon's for a professional medical group, and Mr. Van Buskirk's address was intended for a civic organization. From this standpoint, it was a pleasant and noteworthy variation from the usual papers read at a section meeting."

WHAT'S HAPPENING IN THE DAYDREAMS OF THE ADOLESCENT GIRL?

LORINE PRUETTE, PH.D.

Adolescent time is daydreaming time. Reverie is indeed known to all of us, but the visions seem to come in rarer brilliance for the young girl who knows so little of life that she is not inhibited from creating a world after her heart's desire. That these reveries may take such a hold upon the individual that their content profoundly affects the whole of life is being learned from cases of psychopathology where, after many years of dreaming, some element of the dream becomes the focal point of a dangerous complex or rebellion against the conditions of reality.

It becomes a pertinent investigation for the teacher, the secretary of the Young Women's Christian Association, and the girl scout leader, to inquire after the contents of the day-dream of the adolescent girl. Does she dream of handsome young heroes who send her flowers and take her to football games or "proms"? Does she dream of a lovely little home with babies playing at her feet? Does she dream of success, with a capital S? Is her vision of success along lines which may be possible to her, or are they totally impossible choices? She sits in the classroom, in rough sport skirt, wool checked stockings, gay handkerchief knotted over her sweater blouse. Somewhere at a great distance, the teacher is talking on and on, about some one of those quite futile matters which are the delight of teachers. The voice is monotonous, the words drop away and cease to exist for the girl. She is no longer in the classroom, she is out there—in the dream world.

That world may not be so different at first glance from the

real world. It is definite and precise in its arrangement and its delights are very definite, often "material." Its unreality consists in the way it can be changed at will. The young girl can turn off the dream of love by moonlight down a country lane and turn on the dream of success by electric light on the opera stage. But the center of the dream never shifts for the adolescent, the action always revolves about that glorious, beautiful, and gifted person who is her dream self.

Two types of dream are readily distinguished. In the one the desire for superiority, the "will-to-power," is gratified. In the other the girl debases herself, revels in her inferiority, and gloats over her suffering. The two dreams may be conjoined, the suffering heroine later in the dream becoming the conquering heroine, and the Cinderella motif is dominant. Sometimes this appears in thin disguise, the young girl sees her poverty-stricken self in the ashes as well as the fairy prince who comes to rescue her and to conduct her to his crystal palace. Illustrative of this type is the girl who dreamed that she was sitting in an old broken-down chair; a handsome young man came and found her, led her away to his beautiful home, placed her in a chair all of gold, and told her she would never again have to sit in old broken chairs. Not all dreams of suffering end so pleasantly, however. The fairy prince forgets to come, and tortures are elaborated for the poor little maid in the ashes. A masochistic desire may here become marked and the imaginative enjoyment of physical or mental pain develop into unhealthy attitudes. This masochistic dream has its counterpart in fiction. A number of the short stories of Edgar Allan Poe are of this type, the torture of the helpless man in *The Pit and the Pendulum* illustrating the detail in which Poe could enjoy the fantastic portrayal of suffering. The daydream in which perhaps every one has at some time engaged, that of planning suicide, is of this class. The story of the child who dreamed of her death and longed for it until she actually did commit suicide

is vividly portrayed in an early work of Clemence Dane, *The Regiment of Women*.

The appeal of much literature is directly to the day-dreaming self. The Cinderella story is the theme of countless stories and novels each year, in which the hero or the heroine encounters trials and tribulations and wins at last to a great reward. This story may be turned into art by the touch of a genius or it may be sentimental twaddle that circulates through the cheap magazines, but the appeal is in both to that impulse which renews again and again the day-dream and our belief in its magic. The story of evolution, as popularly understood, becomes itself a sort of Cinderella tale of the struggle upward of life. It is perhaps an essential part of man's psychology that his attention should turn more readily to this view of mounting "upward and onward" than to the reverse, and this world would doubtless be a sorry place if we could not all dream that there is a greater joy waiting for us around the corner.

The daydreams of the adolescent girl may be classified again under two large headings, romance and success, or the love dream and the achievement dream. It might be thought that boys would tend more to the latter and girls to the former, but so far as girls, alone, are concerned the proportions seem fairly equal. The same girl may have both dreams, dependent upon her moods, although as a rule there seems to be a tendency of the girl to favor one or the other. Outside circumstances, such as walking to school with a boy she likes, or being complimented by the teacher on her intellectual ability, may prove the stimulus which starts the associations of the one dream rather than the other. One girl dreamed through a number of years of a man who was named Jack. The characteristics of Jack varied much, according to the characteristics of the boys she liked best at the moment, but he was invariably kind and devoted to her. They traveled together and he told her many wonderful things and explained everything she did not understand. He admired

her very much and wanted her to do as wonderful things as he did. Sometimes, however, a fierce longing for independence would sweep over the girl, she would cease to dream of Jack and all her dreams would be directed toward some significant achievement by herself. At such times she worked much harder and with greater determination to succeed.

With the adolescent, the larger proportion of dreams seems to be of anticipatory or preparatory character, just as the play of children anticipates many of the serious activities of maturity. In the daydreams, the girl rehearses the parts which she expects to play in adult life. She can describe exactly the kind of home she means to have even to the color of the lampshades, the appearance of her husband, the number of children, their sex, eye and hair color. She dreams of herself working in the home, or running to the door to greet the returning husband. She has pictured his face light up when he sees her. She views herself with the children, a tender and wise mother, and even dreams into the future, taking the son or daughter through college and to the marriage altar. Again, she may picture the life she will have as a business woman, the neat car she will have, the charming apartment with mother or friend, and the methods by which her superiority is attested by her associates. With a different ambition she may thrill at seeing herself on the stage, swaying the multitudes; she may estimate her exact salary as actress or her earnings as artist, and work out the details of the studio apron she will wear as a sculptress and the attractive teas she will give.

On the other hand, the daydream may take on the nature of a refuge, particularly in times of acute disappointment. It is possible that this type increases with the age of the dreamer, but nothing definite is known on this subject. A difference in tone between the daydreams of the adolescent girl and the older woman is easily recognized, and often the daydream of the woman turns in compensatory fashion about the achievements of a beloved child. Experience is a

definite factor in shaping the character of the dream and the woman who has known love naturally dreams of it in a different fashion from the unsophisticated girl.

The daydream that is a refuge from the trials and disappointments of everyday life may be the first step toward a confirmed "flight from reality" and the development of a personality introverted to the exclusion of the demands of the remainder of the world. In pathological cases, this may lead to complete withdrawal of interest and attention. In the case of the artist and the reformer, however dissimilar these may be in other ways, such fugues from the prose of existence offer temporary possibilities of retreat, from which the artist may emerge to give the world a vision of beauty, the reformer to present a militant ideal. The daydream may nourish in the young girl her adolescent ideals and confirm her determination to find a better way of living; or it may serve as a compensation for the defects of her present life to such a degree as to inhibit all attempts at seeking that better way of living. While the refuge dream may always be necessary at times, it becomes increasingly dangerous in proportion as it is repeatedly indulged in. But the dream which merely confirms and supports the ideal, and offers a breathing space for the more delicate aspirations, may easily prove a stimulus to action and should be helpful in those many instances where the ideal does not become too far divorced from the possibilities of reality.

The ethics of daydreaming, or the attitude with which various persons regard the practice, presents a curious problem but need not concern us here. Every woman who comes into intimate contact with young girls can assist in the production of a normal and objective attitude toward the daydream by the frank recognition and admission that it is a general practice, if indeed not universal, agreeable and harmless if not engaged in to the exclusion of a variety of more active interests.

Understanding of the psychological nature of the day-

dream should be of value to such a woman. The daydream is considered the free play of the imagination. It is mental play, in which the individual may rejoice just as in a game of tennis. Daydreaming is autistic thinking, that is, thinking that is sufficient unto itself, that does not have to be checked up by the standards and possibilities of the outside world. This play of the imagination may be organized just as is any game, for the purpose of securing greater pleasure. Sometimes organization goes so far that a stereotyped or very similar dream may be recalled or summoned at will. On the other hand, controlled imagination is directed toward some end other than the pleasure of the moment, and results in literature, art, or mechanical invention.

It is clear that the difference between the free imagination and the controlled, one of which is purely individualistic and the other of which has definite social value, is not striking so far as the mechanism is concerned and that both are forms of "mental manipulation." The halfway stage between the two is illustrated by the young girl who tells herself stories every night as a means of dropping off to sleep. These stories, which develop form and abundance of content, and may run as a serial over many nights, are a crude form of literature, yet their use for purposes of inducing sleep indicate their close relation to the absorption and semi-hypnosis of the daydream. The daydream may represent the initial, trial stages in the development or evolution of a socially useful work of the imagination. That daydreams are influenced by the circumstances of the life about the individual is indubitable. It becomes the peculiar function of the worker with the adolescent girl to recognize the driving power latent in these daydreams and to encourage the young girl to direct her dreams in line with the creative possibilities of reality.

EDITORIALS

VICE IN ATLANTIC CITY

That even a brief display of determination on the part of citizens and officials to enforce the laws against commercialized prostitution is sufficient to drive the exploiters to cover, is well illustrated in an article by George E. Worthington, "Vice in Atlantic City," which appeared in the September issue of the *National Municipal Review*. This article also shows, however, that law enforcement must be a consistent and continuous municipal policy if it is to secure lasting results. As soon as a lull in official activity occurs and as soon as voluntary efforts, satisfied by temporary successes, lose motion, the prostitution profiteers are back on the job. Their illegally-gained profits are so great that they can afford to take temporary vacations while the forces of public good are active. The municipality on the other hand *cannot* afford to take a temporary vacation from its guardianship of public welfare. The loss is too great.

Particularly is this true of Atlantic City—"the World's Playground." Its biggest asset is and has been a wholesome combination of natural attractions—balmy air, marvelous beach, and a climate free from extremes of heat or cold. Is it not the height of folly for the business and civic forces to tolerate a liability which fosters indecency, crime, and venereal disease—a liability which may, unless repressed, go far toward counteracting the effects of the city's many good features?

Steady, organized pressure applied to the vice forces will clean up this great playground. This has been proved in the past by the promptness with which the vice resorts closed when official action was imminent. If, as has been estimated, the city's officials require encouragement or stimulation in the matter of strict law enforcement, a voluntary committee of influential citizens might well furnish them. Surely the stake is worth the effort.

AN ALL-COMMUNITY PROBLEM

From various sections of the country come indications of greater community appreciation of the mutual dependence of racial groups on each other for better health. There is a growing realization of the fact that communicable diseases and epidemics do not draw color or race lines. Progressive public-health workers long ago recognized that if a community is to be adequately protected a focus of disease must be eliminated no matter which race harbors it. However, there still remains much to be done in developing this attitude toward the health of races in a community and also much to be done for the further reduction of morbidity and mortality rates among Negroes. At the present time the venereal diseases, tuberculosis, and various infantile disorders are still reaping a heavy toll among the colored people, and the influence on these conditions is bound to be felt more and more in the North as a result of the steady Negro migration from southern sections. The public-health problems of those northern industrial communities which are receiving the bulk of this migration, cannot avoid being complicated through this influence, particularly as students of the race problem predict that the migration is likely to continue for a long time.

With increased Negro populations and the attendant health problems, it is essential that the northern centers most affected by this influx should give increased study to the situation. It is important that these communities understand their problems sufficiently to advise ways and means by which existing agencies for the promotion of public health and social welfare may appreciate and meet them. Experiences in several communities show that good results may be secured by the development and the use of Negro personnel, this personnel to be given the advantage of working in those organizations already established for the handling of those conditions.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	427
The National Social-Hygiene Conference for 1924.....	438
Association Notes	439
The Forum	440
Book Reviews, Briefer Comment, and Publications Received.....	444
Social-Hygiene Bibliography	447

First National Conference of De Molay.—During the week of August 31, over a hundred delegates, representing 133,000 De Molays and about 35 states, assembled for conference at Bear Lake Camp, Estes Park, Colorado. De Molay is an order for boys from sixteen to twenty-one years of age carrying ritualistic work somewhat like that of the Masonic order and with 1320 chapters in this country. The vows taken by the boys stress reverence for parents, cleanness of body and mind, and a fine attitude toward women and girls. The Association was represented at the conference by Mr. Newell W. Edson, Department of Educational Measures, of the American Social Hygiene Association, who gave four talks on Love and Courtship. The conference expressed its appreciation by initiating Mr. Edson to its degrees, he being the only man in the country to have this distinction conferred upon him.

Editors of Health Magazines Meet.—A conference of editors of health magazines of national scope was held in Toronto, Canada, on June 27, during the National Conference of Social Work. This was the first meeting at which editors of all health magazines were invited to confer together and it was well attended.

The discussion considered possible methods of coöperation, without in any way destroying the autonomy, individuality, and spirit of competition of the various magazines, and also such mutual problems as possible delimitation of the field; united support of worth while

public-health movements; a possible central source of authentic news items; possible standards of advertising and methods of bringing to the attention of newspapers and the general public, articles and items which appear in the various magazines.

On account of the value of such group discussions, it was decided to hold a second meeting of editors of health magazines during the convention of the American Public Health Association in Detroit, October 20-23, 1924.

Resignation of Mr. Osborne.—Mr. Frank J. Osborne has resigned as Executive Secretary of the American Society for the Control of Cancer. Mr. Osborne left the Society on the 15th of June to accept the position as Health Officer of East Orange, New Jersey, an office for which his training and experience qualify him to an exceptional degree. Before coming to the Society he had been Health Officer at Orange. The success, financial and educational, which attended the Society's growth during the period of his incumbency, gave testimony of his untiring devotion.

National Conference of Social Work.—Among the features of the fifty-first National Conference of Social Work, held in Toronto, Canada, June 25th to July 2nd, was a special luncheon and afternoon session for social workers in the field of venereal-disease control in various parts of Canada and the United States. Three agencies, the Canadian Social Hygiene Council, the U. S. Public Health Service, and the American Social Hygiene Association promoted this conference and arranged the program.

The meeting was opened by a brief statement from Ray H. Everett, Chairman, and the program was as follows:

(1) Necessity for Social Service Follow-up in the Control of Venereal Diseases, by Mrs. Maida H. Solomon, Boston Psychopathic Hospital, Boston, Massachusetts. Discussion led by Charles E. Miner, Executive Secretary, Missouri Social Hygiene Association.

(2) A Community Demonstration (The Columbus Hill District, New York City), by John Gebhart, Association for Improving the Condition of the Poor, New York City. Discussion led by Dr. H. E. Kleinschmidt, Executive Secretary, Toledo Public Health Association.

(3) Problems Confronting Workers in this Field, by Miss Jane Cook, Medical Case Worker, Orange Memorial Hospital, Orange,

New Jersey. Discussion led by Miss Brown, Chief Social Service Worker, City Health Department, Toronto, Canada.

(4) The Place of Social Service Follow-up in the Clinic Scheme, by Bernard C. Roloff, Illinois Social Hygiene League, Chicago, Illinois. Discussion led by Dr. Gordon Bates, Canadian Social Hygiene Council, Toronto, Canada.

(5) Official Interest in the Development of Social Service Follow-up.

(a) Representative, Dr. R. R. McClenahan, Provincial Board of Health, Toronto, Canada.

(b) Representative, Willard C. Smith, Assistant Educational Director, U. S. Public Health Service.

A social-hygiene exhibit, arranged by the Canadian Social Hygiene Council for the Conference week, proved of much educational value in Ontario and elsewhere. It consisted of a series of wax models depicting the ravages of venereal disease on the human body; of the "Youth and Life," "Keeping Fit," and other posters; and motion pictures provided by the American Social Hygiene Association. When shown to the general public, the exhibit was accompanied by daily health talks from specialists.

The Venereal-Disease Section of the National Conference met on Tuesday, July 1, with Dr. Gordon Bates, Secretary, Canadian Social Hygiene Council, Toronto, presiding. A paper, "The Sex Factor in Character Training," by M. J. Exner of The American Social Hygiene Association was read by Dr. Valeria H. Parker, of the Association's staff. Other papers were "Social Hygiene," an address intended for a professional medical group, by Dr. R. S. Dixon, Department of Health, Detroit, Michigan; and "Social Hygiene," an address intended for a civic organization, by E. F. Van Buskirk, Executive Secretary, Cincinnati Social Hygiene Society.

The total registration for the Conference was 3089 persons.

Syphilis Mortality Among Negroes.—Louis I. Dublin, in an address, "Recent Changes in Negro Mortality," made before the National Conference of Social Work at Toronto, Canada, states that syphilis and its sequelae are not declining, but are becoming more widespread, and are causing more and more deaths among the colored people each year. In 1923, the death rate from syphilis, locomotor ataxia, and general paralysis of the insane (the last two of which are syphilitic

in origin), was 38.7 per 100,000. This is almost double the rate for 1911 (20.4), and the rate for colored persons is close to four times as high as for whites. In New York City, there has been increase of practically 50 per cent from this cause, in the interval between 1910 and 1923. The worst effect seems to be on the new generation as syphilis takes its greatest toll among the infants in the first month of life and is the chief cause of still-births that occur so frequently among colored women.

The report shows that the campaign against the venereal diseases apparently has not begun to be felt by the colored communities and the greatest service that could be rendered to the colored people, to-day, would be to help them check the spread of this condition. The hope of the future among negroes lies in their ability to bring syphilis under control.

First Official Report of the Administration of the Maternity and Infancy Act, March 20, 1922-June 30, 1923.—This report prepared by Dr. Anna E. Rude, former director of the maternity and infant hygiene division of the Children's Bureau, and published by the Children's Bureau of the United States Department of Labor, states that \$1,688,047.12 have been expended by Federal and State governments to promote the welfare of mothers and infants under the Federal Maternity and Infancy Act during the first fifteen months following its passage.

Federal grants to the States during this period for maternity and infancy work totaled \$1,046,523.56. State appropriations made to match Federal funds totaled \$641,523.56. In 1922, payments were made to 43 States, 28 of which matched the Federal grant in full or in part. In 1923, 41 States received grants for maternity and infancy work, 35 of which matched the allotment in full or in part. By June 30, 1923, all State legislatures had met and the appropriation acts passed enabled 40 States to coöperate during 1924, all but Kansas, Illinois, Louisiana, Vermont, Maine, Massachusetts, Connecticut, and Rhode Island. By action of its State legislature in July, Louisiana for the first time accepted the Act and will receive its share of 1925 Federal funds.

The Maternity and Infancy Act has already demonstrated its value, according to the report, in that it has: (1) Stimulated State activities in maternal and infant hygiene. (2) Maintained the principle of local initiative and responsibility. (3) Improved the quality of the work being done for mothers and babies by disseminating through a central source—the Federal Government—the results of scientific research and methods of work which have been found to operate successfully. (4) Increased State appropriations with the passage of the Act. From the appropriation for the fiscal year 1922, 15 States were able

to accept only the \$5000 unmatched funds. Six States were able to accept only the \$5000 unmatched from the Federal appropriation for the fiscal year 1923. All of the States coöperating under the Act either have already accepted more than the \$5000 unmatched allotment from the 1924 Federal appropriations, or will be able to do so. Moreover, since the Maternity and Infancy Act became effective 33 States accepting it have made definite increases in their own appropriations for the welfare of mothers and babies.

Tenth Annual Report of the Rockefeller Foundation, International Health Board.—This report for the year 1923, covers a wide range of field research and public-health demonstration, which only a voluntary agency such as the International Health Board, with its attending flexibility, is able to accomplish.

The work of this Board is world-wide and the report shows specific progress made in the development of rural health organizations; in the control and reduction of the hookworm disease, yellow fever, tuberculosis and malaria; in public-health nursing and education; and in coöperation with the Health Committee of the League of Nations.

The Indian Christian Marriage Problem.—The Indian Christian community is faced with the problem, which threatens to become serious, that a certain number of Indian Christian girls are refraining from, or indefinitely delaying, marriage and that a few are marrying outside the Christian community. It is alleged that suitable husbands in sufficient numbers are not forthcoming from within the Christian community. This is probably in some measure true, but the Punjab Christian Council of India has investigated and revealed certain more fundamental causes, which are summarized in the *Indian Social Reformer*.

Economic conditions in India are such that owing to a deficiency in supply, there is a steady demand, with high pay, for educated young women, especially in the medical and higher educational services. Therefore, marriage sometimes means to the girl an actual financial sacrifice. There are a few girls who demand from their prospective husbands a standard of living which the Christian young men would be able to afford only after years of profitable effort and others are deterred from marriage by the obligation to support parents or younger brothers and sisters.

The education of girls is superior to that of boys in the same

social group, as the average girls' school is of a higher type than the average boys' school. A minority of the investigating committee believe that the girls' schools, taught and managed by unmarried women, tend to exalt celibacy as an ideal and to place too severe a restriction upon social intercourse between the maturer students of both sexes.

Socially, girls receive better care at home and in school, are better bred, and dress more neatly than the boys of their class and these facts make the young men appear ineligible in their eyes. Some Christian parents, too, allow ordinary non-Christian young men *entrée* to their homes and social gatherings and inculcate false ideals by their eagerness to see their daughters "well settled" in life.

Some phases of the problem are doubtless due to the transition through which the community is now passing and others to economic forces which will in time right themselves. As, for instance, while at present very few non-Christian girls are going into the teaching and medical professions, the number is increasing, and will continue to increase until the economic advantage which Christian girls now enjoy disappears. There still remain, however, causes which are in some measure remediable.

Education for Christian boys should be of the high type advocated by the recent Educational Conference. Women teachers should be secured for at least the primary departments of boys' schools and the contact between the boys and their teachers in schools and colleges should be more intimate. It is recommended, also, that courses in domestic economy should be introduced into the curriculum of the girls' schools.

Church authorities should refuse to allow non-Christians to take prominent part in the Christian rites and ceremonies and common non-Christian young men should not be admitted to Christian homes or introduced to Christian girls. An insistent, uninterrupted effort on the part of parents, teachers, and pastors to bring young people into more vital touch with Christianity would go farther than any other remedies toward correcting these conditions.

Number of Deaths Traced to Syphilis in Tennessee.—The total number of deaths in Tennessee, for the year 1923, was 28,559. Syphilis was the only cause of death in 193 cases; it was the cause of the

vast majority of 2287 still-births and some of the deaths from the following diseases were indirectly due to syphilis.

Suicides	142
Homicides	410
Ill defined	1126
Early infancy	624
Malformation	175
Bright's disease	1535
Organic diseases of the heart.....	1639
General paralysis of the insane.....	40
Locomotor ataxia	19
Paralysis	482
Apoplexy	1013
Total	7205

In commenting on these figures, the Tennessee Department of Public Health, in its Venereal Disease Bulletin for July, 1924, states that while the cases of general paralysis of the insane and locomotor ataxia are probably more than 90 per cent syphilitic, and apoplexy and paralysis are very high, the percentage in the remaining cases is very difficult to determine. But a conservative estimate would attribute 10 per cent or 720 of the above deaths as being due to lues which, plus the 193 charged directly to syphilis, would make a total of 913. This total of 913 brings syphilis into the forefront with cancer (1155 deaths), and tuberculosis (3567 deaths), making it one of the leading causes of death, a fact seldom realized by the lay-public.

The Venereal Diseases in French West Africa.—Except in Dakar, where a section has been organized in the Institute of Hygiene for combating venereal disease, there are no special clinics for syphilis and gonorrhea in French West Africa. However, in all medical clinics a greater part of the time of the staff is used in prophylactic treatment, so great is the number of patients infected with syphilis. For instance, in Mauritania 45 per cent of *all* clinical patients are infected with syphilis. This constitutes a grave social danger to remedy which will require therapeutic treatment entirely outside the possibilities of the financial resources. In the opinion of authorities there will be no marked increase in population in these sections

until such time as syphilis and malaria shall, like smallpox, have been brought under control.

Alien Law Bars Common-Law Wife.—The Department of Labor has ruled that the common-law wife of an American citizen is not admissible to the United States under the new immigration law. The reported decision was in the case of a soldier who had been in the Army of Occupation in Germany, and who sought to bring in his German common-law wife.

Foster Home Care for Dependent Children.—This report, issued by the Children's Bureau of the United States Department of Labor, estimates that one-third of the homeless children in the United States under the care of public and private charitable agencies have been adopted into the homes of foster parents.

The growing emphasis during the past decade upon the need of home care for the normal child has resulted, the Bureau points out, in the effort, first, to prevent the break-up of the child's own home by giving "mothers' pensions" or public aid to children in their own homes, and second, to find a substitute home for the homeless child. Results are evident in the fact that 42 states give public aid to dependent children in their own homes, that the number of children in foster homes has increased substantially and that the number of children in institutions has, proportionately to the child population, decreased. Tentative figures place the number of children aided in their own homes at 127,000, the number in foster homes at 70,000, and the number in institutions at 125,000.

Foster home care for children who have no homes of their own or whose homes are unfit places for them to live in is not a new experiment, according to the Children's Bureau, which points out that this method, under various names, has been used for many centuries. However, modern standards of child care have vastly increased its value in promoting the welfare of dependent children. The best public and private agencies carefully investigate every foster home before they place a child in it, and, after the child is placed, they exercise careful supervision so that the child's health, education, and happiness are safeguarded. Such agencies study the home conditions and the needs of the individual child so that the boy or girl whose own home may be saved through a "mothers' pension" or other forms of assistance is not torn from his family, while the child who needs foster home or institutional care receives it.

Venereal-Disease Clinics in Tennessee.—During the first six months of the year, 1924, 5088 patients received treatment at the venereal-disease clinics operating in the chief cities of Tennessee. For the same period in 1923, a total of 5023 received treatment. During

the six-months' period of 1924, 1210 patients were discharged as cured or non-infectious, 297 were transferred elsewhere for treatment, and 1381 discontinued treatment without permission. Visits were made to the clinics by 50,447 persons for the purpose of obtaining treatment, examinations, or advice.

Disease Surveys in Germany.—The National Board of Health in Germany has recently summarized the findings of three extensive compilations of data upon venereal disease which have been made in Germany.

The first of these surveys took place in Prussia, April 30, 1900, when the government ordered a counting of the venereal disease patients among the civilian population. It was found that on the day on which the count was made a total of 40,902 persons or 18.46 of each 10,000 of the adult population were under treatment by physicians for venereal disease. The greater predominance of these diseases in the urban districts was noted.

The second study was made in the winter 1913-1914 by the large cities of Germany having statistical departments. Returns given by physicians as to the number of patients under treatment for venereal disease form the basis of the compilation.

A total of 73,200 venereal patients were found in these cities to be under medical care. This would amount to 55 out of every 10,000 of the population. This ratio, however, varied considerably in the several cities. In Hamburg it amounted to 80, in the city of Berlin to 60, while in four cities of at most 100,000 inhabitants there were only 39.5 per 10,000 infected. It is again shown that the liability to disease is proportionate to the size of the city. If one distinguishes according to sexes three quarters are male and one quarter are female. Among those suffering from gonorrhea 78 per cent were male and 22 per cent were female. Among syphilites 68 per cent were male and 32 per cent female. As far as mention was made 68 per cent were unmarried and 32 per cent married. The different types of disease are represented as follows: Fifty per cent suffered from gonorrhea, 45 per cent from syphilis, and 5 per cent from soft chanere.

The third compilation of statistics for venereal disease in Germany resulted from a census of the entire German realm extended over a period from November 15 to December 14, 1914. A system of reporting cases by numbers was adopted and no names were given by the physicians. The final reports showed that:

Among the population in the entire German realm 22 of every 10,000 were venereally diseased during the time the statistics were prepared. The average for the country was surpassed only by the Hansa cities of Bremen with 76, Hamburg with 67, and Lübeck with 49. In these cities there are a great many more unmarried persons between the ages of 15 and 20 than in other districts.—Southern Germany, which has few large cities, shows more favorable conditions than northern Germany, where cities are large. This shows distinctly the undesirability of massing together many human beings and should be considered in the politics of settlements.

Comparing a report made in 1919 of the same group of cities included in the report of 1913, it was found that only 61 persons per 10,000 were infected in 1919 as compared with 64 per 10,000 for the same cities in 1913. This apparent reduction is explained partly by the fact that a much larger percentage of physicians coöperated in 1913 than in 1919 and also by the fact that the war had tended to destroy the ranks of those who were of the age when the venereal-disease rate is highest, the young men between the ages of 20 and 30.

On the other hand, one notices that the number of women with venereal disease, especially with syphilis, was much greater in 1919 than in 1913. For instance, in Hanover during a period of four weeks in the year 1913, 83 women had acute syphilis, while in 1919, 284 women were booked for the same period. In the city of Hanover there were relatively more syphilitic girls than syphilitic young men between the ages of 15 and 21. For the age group 21–25 the incidence of syphilis among young men was greater. If the increase in venereal disease after the war has not been greater it is because the disease among the men in the large cities had already reached a degree of saturation before the war. The number of endangered persons had become small on account of the high number of infected persons. The borderline for the danger of infection was drawn only where ethical principles of conduct precluded the possibility of infection.

The statistics of the country do not show the conditions in the rural districts but from reports made by some consulting centers, for instance at Mainz and Giessen, it was shown that people from the rural districts were suffering from venereal disease where they had formerly been entirely unknown.

Missouri Social-Hygiene Institute.—The Missouri Social Hygiene Society has planned an institute course on social-hygiene problems to be given in St. Louis, November 30–December 6. The program which has been arranged with special reference to ministers, parents, educational and recreational workers, and others whose work has a direct

bearing on social welfare will be given under the auspices of the Committee on Education of which Mrs. Evarts Graham is Chairman.

Dr. Thomas W. Galloway will conduct the institute and a number of other well-qualified speakers will address these various sections.

Social-Hygiene Worker to Pursue Studies.—Mrs. Edna P. Fox of the Bureau of Social Hygiene, Virginia State Board of Health, has received a leave of absence in order that she may take some special courses at Teachers College, Columbia University. Mrs. Fox already has achieved notable success in her activities among the educational institutions of Virginia and she is planning to initiate a program of even greater and broader scope on her return.

Vassar Graduates and Family Life.—To those who are unduly alarmed by the fact that large numbers of the graduates of women's colleges do not marry and that of those who do marry the majority have few or no children, the report of a study of Vassar graduates (*American Journal of Sociology*, January, 1924) may prove heartening. Facts for the study were secured from questionnaires sent out to the Vassar alumnae of the classes from 1867 to 1921, inclusive. Seventy-nine per cent of the graduates to whom the inquiry was addressed replied. The schedules included information concerning the marital state of the graduates; and for the married alumnae, information concerning the number and ages of their children and the education and occupation of their husbands. The report concludes that:

“The proportion of Vassar alumnae marrying is apparently smaller than the proportion of women normally marrying and smaller than the proportion of non-college women in the same social group who marry. Also the age of marriage is comparatively high and, perhaps partly as a result of late marriage, the average family of the married Vassar alumna is smaller than the average native American family, but there is serious doubt as to whether it averages lower than the family of the finishing school alumna. The size of the family is affected by the education of the mother, and also to a slight degree by the father's occupation—doubtless because of social position and income. The infant death rate among the children of Vassar alumnae is very low and this compensates in part for the low birth rate.”

“But of greater significance than these differences, most of which

have been noted in earlier studies, is the fact that these differences are disappearing. The number of marriages among recent alumnae is increasing, and the interval between graduation and marriage is decreasing. Together with this change the average number of children for each marriage is increasing slightly. The students of Vassar College are becoming more and more the typical rather than the exceptional members of their social group. The change is too recent to be much more than indicated by these data, but the tendency is there, and if it continues another ten years, should show a striking change."

THE NATIONAL SOCIAL HYGIENE CONFERENCE FOR 1924

The National Social Hygiene Conference for 1924 will take place in Cincinnati, Ohio, November 19-22, headquarters being the Hotel Gibson. This conference will mark the tenth anniversary of the founding of the American Social Hygiene Association, and it will be held under the joint auspices of the national association and the Cincinnati Social Hygiene Society.

The various discussions will have much of interest and value for health and police officials, educators, the clergy, and all social workers. This year's program will be of exceptional note, among the speakers being Miss Grace Abbott, Director, Children's Bureau, Washington, D. C.; Dr. Gordon Bates, General Secretary, Canadian Social Hygiene Council; Professor Maurice A. Bigelow, Teachers College, Columbia University, New York City; Surgeon General Hugh S. Cumming, United States Public Health Service; Dr. Lee K. Frankel, Chairman, National Health Council; Dr. J. J. Heagerty, Chief of the Division of Venereal Disease Control, Department of Health, Ottawa, Canada; Dr. Edward L. Keyes, President, American Social Hygiene Association; Dr. Joseph S. Lawrence, Director, Division of Venereal Diseases, New York State Department of Health; Dr. J. E. Munger, State Director of Public Health, State Board of Health, Columbus, Ohio; Dr. William F. Snow, General Director, American Social Hygiene Association; Mrs. Anna Garlin Spencer, Board of Directors, American Social Hygiene Association; Mrs. Mina C. Van Winkle, Director, Women's Bureau, Metropolitan Police Department, Washington, D. C.; together with Mrs. Clive Neville-Rolfe, O.B.E., General Secretary of the National Council for Combating Venereal

Diseases, London, England, of international reputation as an authority on social hygiene and eugenics.

The railway companies are arranging for special rates and the local committee has planned a number of luncheons and other entertainment features. Full information and a copy of the Conference program may be obtained from Mr. E. F. Van Buskirk, Executive Secretary, Cincinnati Social Hygiene Society, 25 East 9th Street, Cincinnati, Ohio, by members of the American Social Hygiene Association and all others desiring them.

ASSOCIATION NOTES

Health and social-welfare agencies are greatly interested in the forthcoming visit to the United States of Mrs. Clive Neville-Rolfe, O.B.E., General Secretary of the National Council for Combating Venereal Diseases, London, England. Mrs. Rolfe founded and acted for twelve years as Honorary Secretary of the Eugenics Education Society, under the presidency of Sir Francis Galton and, later, of Major Leonard Darwin. The International Eugenics Congress held at the University of London, and the Professional Classes War Relief Council were organized by Mrs. Rolfe; and as a result of her efforts in 1914-1915, on behalf of the National War Savings Council, she was placed on the first honors list of the Order of the British Empire. The distinction was accorded her by the British Government of being sent on a commission to investigate social-hygiene conditions in the Eastern Crown Colonies, and in 1922-1923, she visited Constantinople so as to keep in touch with Near East affairs. Mrs. Rolfe is an excellent speaker, quick-witted, vivacious, and charming in manner. Her lecture and conference tour is being sponsored by the American Social Hygiene Association, and her tentative schedule calls for meetings in fifteen cities. Her main address will be delivered in Cincinnati, Ohio, at the National Social Hygiene Conference for 1924, to be held November 19-22.

* * * *

The resignation of Mrs. Martha P. Falconer has been accepted by the American Social Hygiene Association, she having been appointed executive secretary of the Federation of Protestant Child Caring Agencies. Her many friends and fellow-workers will extend to Mrs. Falconer their sincerest wishes for her success in this new work.

Social Hygiene may feel that, rather than losing the value of her advice and experience, it has gained another strong ally in a closely related field.

* * * *

Dr. Valeria H. Parker, of the Department of Protective Measures, attended the State Fair at Huron, South Dakota, September 9-12, where she lectured and superintended the social-hygiene exhibit, and she also stopped en route at Chicago and Detroit for conferences. On September 19, Dr. Parker spoke on "Protective Measures in the Social-Hygiene Field," at the Michigan State Conference of Social Work held in Flint, Michigan, and on September 22nd as a guest of the Cuyahoga County Public Health Association, she addressed the luncheon meeting of the Social Hygiene Committee in Cleveland.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

An article, *The Companionate and The Family*, by M. M. Knight, which appeared in the May JOURNAL, has resulted in a number of letters from interested persons, one of which is printed, together with Dr. Knight's reply.

To the Editor:

The childless family, or "companionate," is not such a simple combination for companionship as our writer would have us believe. There are a great many of these homes where children are very much wanted, but where they fail to put in an appearance, and that for a variety of reasons. It is also true that with all our advances in knowledge of physiological processes children continue to come into the world at times when their sophisticated parents do not want them. Often during the first lean years when making ends meet is the dominant concern of a couple they do not have children, while with improved economic conditions they do. All these and many other complications go to indicate that there are not two types of families, those entered into for the purpose of producing children and those entered into for the purpose of enjoying companionship, but there are a bewildering variety of families and failure to take them into account renders Mr. Knight's analysis somewhat superficial.

The grave concern of this writer lest too few children be produced comes strangely from an inhabitant of New York City where some of the evils of overpopulation should be almost obvious. True, France does show some concern over the decreasing baby crop, but the concern of almost all the rest of the nations of the world is what disposal can be made of the surplus population, which surplus continues to increase at an alarming rate. Rather than putting a "luxury tax" on all families that fail to produce children it might be to the distinct advantage of countries like Italy and Japan to put a tax on each child produced. Certainly such a move would have a beneficial effect upon international relations and would progressively decrease the likelihood of war as the deterrent took effect.

Mr. Knight evidently believes that a system of taxes upon childless homes will encourage such institutions to go into the business of raising children and, most astonishing of all, that children so produced will be from the group where "presumably the biological inheritance is better." How simple, Sir, is this matter of reforming the world after all. Once our luxury tax on childless homes is properly functioning we can imagine a thousand variations upon the following little domestic scene.

John, who has a position with a brokerage firm, enters the apartment with a worried, hunted look. Mary, who teaches music, comes to him quickly with anxiety and wonder in her eyes.

John: I don't know what we are going to do, Darling, I've just received notice that our childless home luxury tax will be increased to fifteen hundred dollars next year.

Mary: What a shame!

John: I'd say so. Don't see where the money is to come from. One thing is certain we shall have to give up the trip abroad this summer.

Mary: Oh, John! We can't do that! Not after we have planned and dreamed of it all these months.

John: Well, fifteen hundred from two thousand we have saved does not leave much for travel. And you know what you have always said about having children.

Mary: And what you have said too, John! Don't go blaming it on me. (pause) Oh John isn't this luxury tax on childless homes simply ghastly? (another pause) Of course we could—(softly) Children are sort of nice, aren't they John?

. . . Thus, Sir, it must be vividly, poignantly clear that the

age-old problem of the family can be solved by simply changing in a scientific manner the incidence of taxation.

Respectfully yours,

HUGH S. CARTER.

To the Editor:

This correspondent accuses me of trying to make people believe that a social institution may be simple. If other readers arrived at the opposite of my intended meaning as generally as he did, my language was indeed unfortunate. I refuse to come to the support of the straw man he answers in the body of his letter. The purpose of my brief remarks was to raise one point, the gradual and still incomplete division of the historical family. Incidentally, I tried to suggest that this process has already gone far enough; that it may be worth while to consider the extremely varied relationships which have thus arisen under two general headings instead of one. My main thesis would only have been obscured by dragging in digests of the vast literature on population problems, eugenics and the like, as I tried, vainly it appears, to make clear. Your commentator then attempts to convert an illustration borrowed from the field of taxation into the nucleus of a broad scheme of social rehabilitation, which he proceeds to attack. Never having had any faith in reform schemes which go beyond searching for facts and waiting to observe the unpredictable effects of mild correctives before making further plans, I fear I shall have to abandon this straw man, like the first, to his fate. After all, both of these stuffed gentlemen are dunces, and if your correspondent identifies me with them I marvel that he takes the trouble to answer at all.

Surely, no student of social history can be unaware of the fact that the main problem in population is that of quality, not of quantity. The great stumbling block to reforms involving the family has always been that they have withdrawn from reproduction many of the very individuals who could least be spared. There is this grain of truth in the works of alarmists like S. K. Humphreys: that individualism and intricacy have increased together in social groups, that biological reproduction has been less rewarded relative to competitive production, and thus the new members of society have been contributed more and more by the unenterprising. In this sense civilization may be said to have proved self-poisoning.

That is one reason why some combination of democracy with discipline has been the one great hope of so many people. Too much "liberty," in a world where natural endowments are unequal, means that the astute may escape some of the most vital social contributions. Every thoughtful reader of these brief remarks must have been impressed, since he first discovered that society has problems, with man's abject failure to control the mechanisms of his biological perpetuity, as compared with his astounding success in wielding a balance of power among the natural forces outside. Conquest of nature and artificialization of nature are synonymous expressions. Is not society itself a product of the far more difficult and hence less successful enterprise of artificializing mankind? Even with perfect control of outside nature including flood, famine, and hostile organisms, the sum total of social problems would remain tremendous as long as the numbers and quality of mankind itself remained unregulated. I maintain that practically nothing has been done in this field. Your correspondent may accuse me of superficiality because of confessed inability to chart this vast almost entirely unexplored province of social activity.

This leads me to point out one common and naïve confusion of two different things in his concluding sentences. That so many people share his inability to distinguish between them is one of the greatest obstacles to a more coherent society. John Broker Smith and Mary Music Smith are members of larger groups as well as of their partnership with each other. John's presence at the office at 9:30 may very well conflict with the demands of the personal relationship, whereupon choice or compromise will become necessary. The foreign affairs of the state of which he is a citizen may lead to a situation wherein three relationships have to be adjusted, the demands of one perhaps completely overriding those of the other two. Attempts to generalize from the purely personal aspects of the family have led to a great deal of banal conversation, to which we have all been obliged to listen. I still remember the final word of an austere English lady resident in Paris to the effect that there is no family problem—"all nonsense." Besides one's maid, one must have a governess for the children, of course, children brought up by governesses being far superior to those of the vulgar and foolish people who insist on performing these services for themselves. Her mind was obvious of any but the problems of her own social kind,

of course. Far be it and far was it, from me to risk her annihilating glance by any lewd suggestion of her membership in a larger group—that under a permanently viable social dispensation she should perhaps have nine children, to make up for the economically imposed sterility of her servants. If this lady, your correspondent, and innumerable others like them could be made aware that every person's institutional relationships are compromises, one with another, what a long step forward we should have taken! Perhaps a high degree of culture does inevitably benumb one's consciousness that the significance of all our activities is somehow bound up with group adjustments and continuity. If this is so, then a tolerably rationalized society is a hopeless dream, and human group histories to the end must be a succession of obstreperous glories and dismal disintegrations.

M. M. KNIGHT.

BOOK REVIEWS

SALVAGING OF AMERICAN GIRLHOOD. By Isabel Davenport. New York: E. P. Dutton & Co., 1924. 302 p. \$3.00.

The book is based upon the results of a research which was undertaken by the author as a partial fulfillment of the requirements for the degree of doctor of philosophy. The doctor's Thesis was published as number sixty-six of the *Archives of Psychology* under the title *Adolescent Interests*.

The aim of the research was to discover the actual state of sexual knowledge of young women of more than average education, in their late adolescence and to investigate the character of their trends of interests when measured by the best present day conceptions and standards. The book is offered "as a pioneer endeavor to base the special education of girls on a sound psychological foundation." One welcomes an attempt which has as its aim the pointing of "the way toward more healthful and hopeful leads of scientific and normal educational psychology." The author bases her study on the conviction that the sexual interests of women as well as those of men, as far as the most generally accepted psychology on the subject has as yet determined, are of two sorts, native and acquired. She has the faith that sexual interests whether of the male or female are as susceptible of investigation by properly arranged and adapted psychological methods as other fields of human interest.

The investigator allowed normal-school young women to ask questions in writing which they desired answered. A table showing the main groups into which the questions fell is presented (p. 71). Among the 880 questions asked, 164 are about menstruation, 101 about copulation, 98 about childbearing, 77 about venereal and related diseases, 70 about feeling and attractions, 56 curiosity in regard to boys and men, 50 about marriage. Only 4 of the 880 questions are about motherhood and parenthood, only 14 about prostitution. The author presents a detailed study of each group of questions. For example 41 of the 98 questions on childbearing, 42 per cent, ask about birth control or childlessness thus being directed toward the negative side of the question.

There are interesting data for the student of sex education and psychology to examine and evaluate. Although the author's attempt was to make an objective, scientific study there is, in the opinion of the reviewer, a strong subjective trend to the work. "I wish," "I hope," "hoped for results" and similar expressions spoil, in part at least, the objective approach to the problem.

One wonders why the author limits her research to girls when she pleads for a truly coeducational plan "in all industrial, technical and professional schools, and colleges, of whatever kind or grade." Is not a book dealing with girls, alone, the very thing that should not be encouraged? Would it not be more consistent to write about youth and include both boys and girls? The reviewer disapproves of the title, *Salvaging of American Girlhood*. The girls on whom the research was made do not necessarily represent American girlhood. "Salvaging" implies that they need saving or rescuing, an insinuation for which there is little or no justification.

EDITH MULHALL ACHILLES.

COLUMBIA UNIVERSITY.

BRIEFER COMMENT

HYGIENE FOR SUCCESS. By Charles M. De Forest. New York: American Health Publishing Company, 1924. 40 p. 35 cents.

A practical guide for the layman to keep and build up his strength. Points out certain tendencies in the daily habits and stresses the need of the right kind of exercise for health and proper development. Advocates moderation in eating, the need of rest and recreation, and effect of mental attitude on health, digestion, and success in life.

MIND AND MEDICINE. By Thomas W. Salmon. New York: Columbia University Press, 1924. 33 p. \$1.00.

A little book containing the address delivered at the opening session of the College of Physicians and Surgeons, Columbia University, in September, 1923. The author emphasizes the importance of the physician being well versed in the study of the human mind, will and personality as well as the physical processes.

POEMS OF CHILD LABOR. New York: The National Child Labor Committee, 1924. 56 p. 35 cents.

Forty-one poems by thirty authors are brought together in this little volume. They range from the time of Gerald Massey and Elizabeth Barrett Browning to the present moment, and the general theme is protest against a society which fails to protect the rights of childhood. Probably the most poignant of the group is Robert Frost's "Out, Out!" Mr. Owen Lovejoy, General Secretary of the Committee, writes a brief preface explaining the mission of the book.

WHEN THE COURT TAKES A RECESS. By William McAdoo. New York: E. P. Dutton & Co., 1924. 234 p. \$2.00.

A collection of articles written in an informally delightful style which gives information to those who are interested in some of the problems of New York City. The author's broad experience as a city magistrate gives him authority to speak on the suppression of the Drug Trade, the Pistol Menace and the Censorship of Plays. There are also a number of short sketches in a lighter vein which give one an insight into the "interests of the author in his free time."

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

ADOLESCENCE; educational and hygienic problems. New York: Funk & Wagnalls Co. (National Health Series), 1924.

CHILD HYGIENE IN ALABAMA, 1919-1923. Alabama State Board of Health, Montgomery, Alabama, 1924.

CANCER; HOW IT IS CURED; HOW IT CAN BE CURED. By J. Ellis Barker. New York: E. P. Dutton & Co., 1924.

CARE OF TUBERCULOSIS; a treatise for nurses, public-health workers, and the care of the tuberculous. By J. A. Myers. Philadelphia: W. B. Saunders, 1924.

EXERCISES FOR HEALTH. By Lenna L. Meanes. New York: Funk & Wagnalls Co. (National Health Series), 1924.

HEREDITY AND CHILD CULTURE. By Henry D. Chapin. New York: E. P. Dutton & Co., 1922.

HYGIENE FOR SUCCESS. By Charles M. De Forest. New York: American Health Publishing Co., 1924.

MIND AND MEDICINE. By Thomas W. Salmon. New York: Columbia University Press, 1924.

- THE ORGANIZATION OF A NUTRITION SERVICE. Washington, D. C.: American National Red Cross, 1924.
- SOCIAL LIFE AND INSTITUTIONS. By Joseph K. Hart. Yonkers: World Book Co., 1924.
- YOUR MIND AND YOU. By George K. Pratt. New York: Funk & Wagnalls Co. (National Health Series), 1924.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

THE NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- ADDITON, H. The functions of police-women. *JOURNAL OF SOCIAL HYGIENE*, 10:321-28, June, 1924.
- BAILHACHE, P. H. Syphilis and chancreoid: brief history, differential diagnosis, prophylaxis and treatment. *Venereal disease information* (U. S. Public health service), 5:235-40, May 20, 1924.
- BARTHOLOMEW, R. A., M.D. Syphilis as a complication of pregnancy in the negro. *Journal of the American medical association*, 83:172-74, July 19, 1924.
- BATES, GORDON, M.D. Social hygiene. *Public health journal* (Toronto), 15:310-14, July 1924.
- BAYNES, H. G. Sex education for children. *New era* (London), 5:102-04, July 1924.
- BICKEL, B. comp. Gonorrhea of the nervous system. *Venereal disease information* (U. S. Public health service), 5:300-6, June 1924.
- BOWERS, P. E., M.D. Syphilis and industry. *Venereal disease information* (U. S. Public health service), 5:293-99, June 1924.
- CHIPMAN, E. D. The clinical diagnosis of syphilis. *California and western medicine*, 22:307-9, July 1924.
- COOMBS, G. H. Division of social hygiene. *Journal of the Maine medical association*, 14:188-89, April 1924.
- CULLIS, W. C. Education and social hygiene. *Health and empire* (London), 2:67, May/June 1924.
- DALY, M. W. Delinquents and sex education. *JOURNAL OF SOCIAL HYGIENE*, 10:278-83, May 1924.
- DAVIS, K. B. Study of certain autoerotic practices. *Mental hygiene*, 8:668-723, July 1924.
- DE GIELGUD, L. E. Pace et labore. *World's health* (Paris), 5:169-81, June 1924.
- Funds for venereal disease control in the United States, 1923. *Venereal disease information* (U. S. Public health service), 5:341, July 20, 1924.
- GIBBONS, R. A., M.D. State certificate of marriage. *Eugenics review* (London), 15:117-28, July 1924.
- HARRISON, L. W. Medical film on the diagnosis and treatment of gonorrhea in the male. *Health and empire* (London), 2:70-71, May/June 1924.
- HEAGERTY, J. J., M.D. The obligations of society to the uneducated, undeveloped girl who may be a potential prostitute. *Hospital social service*, 10:1-9, July 1924.
- Relative value of sex education. *Public health journal* (Toronto), 15:258-62, June 1924.

- Imperial social hygiene congress. *Health and empire* (London), 2:65-67, May/June 1924.
- Is mother wisdom enough? *Social health* (Canadian social hygiene council), 1:1, May 1924.
- KILDUFFE, R. A., M.D. The serological diagnosis of syphilis. *Medical journal and record*, 119:cxlv-vii, June 18, 1924.
- KING, H. C. Report of the educational enquiry committee. *Health and empire* (London), 2:74-75, July 1924.
- KNIGHT, M. M. The companionate and the family. *JOURNAL OF SOCIAL HYGIENE*, 10:257-67, May 1924.
- KRUTCH, J. W. Modern love and modern fiction. *Nation*, 118:735-36, June 25, 1924.
- MENCKEN, H. L. The sex uproar. *Nation*, 119:91-93, July 23, 1924.
- MICHEL, L., M.D. and GOODMAN, H., M.D. The adjuvant treatment of syphilitics. *American journal of syphilis*, 8:598-606, July 1924.
- Nursing in three special branches. *Pacific coast journal of nursing*, 20:332-35, June 1924.
- PIERCE, C. C. The Chicago social hygiene conference. *JOURNAL OF SOCIAL HYGIENE*, 10:284-94, May 1924.
- Study of venereal diseases. *Hygeia*, 2:558-62, September 1924.
- RAISON, T. W. Neurosyphilis. *U. S. Naval medical bulletin*, 21:145-64, August 1924.
- SEQUEIRA, J. H., M.D. Progress in the prevention of congenital syphilis. *Health and empire* (London), 2:73, July 1924.
- STOKES, J. H., M.D., and DES BRISAY, H. A., M.D. Observations on the course of 413 cases of untreated or inadequately treated syphilis. *American journal of syphilis*, 8:558-68, July 1924.
- Study of antivenereal control in Belgium, 1924. *Venereal disease information* (U. S. Public health service), 5:372-73, July 20, 1924.
- Treatment of congenital syphilis. *Venereal disease bulletin* (Tennessee department of public health), 3:1-2, June 1924.
- Venereal diseases campaign in Australia and Canada. *Health and empire* (London), 2:76-77, July 1924.
- Venereal disease in private practice. *JOURNAL OF SOCIAL HYGIENE*, 10:267-77, May 1924.
- WANSEY-BAYLY, H. Public education concerning venereal diseases. *Public health* (London), 37:223-25, June 1924.
- WOLBARST, A. L., M.D. Evidence that the suppression of public prostitution is a factor in the dissemination of the venereal diseases. *American medicine*, 30:275-87, May 1924.
- WORTHINGTON, G. E. and TOPPING, R. Standards for a socialized court for dealing with sex delinquents. *JOURNAL OF SOCIAL HYGIENE*, 10:335-60, June 1924.

Journal of Social Hygiene

VOL. X

NOVEMBER, 1924

NO. 8

EDUCATING FOR PARENTHOOD *

MARGARETTA WILLIS REEVE

President, National Congress of Mothers and Parent-Teacher Associations

Although the idea of parenthood as a profession for which education was needed has been recognized in this country for possibly half a century, it remained for Mrs. Theodore Birney, the wife of a Washington lawyer, and the mother of three children, to proclaim it as a national movement, when in 1897 she sent out to educators, parents, and all lovers of childhood the call to a Congress of Mothers. This call struck a resounding chord in the public consciousness, and the response was so instantaneous, so overwhelming, that it was found almost at once that the original plan of a conference would have to be extended into state sections or branches. In twenty-seven years, forty-six states and the District of Columbia have been fully organized, and two more, with the addition of Alaska and Hawaii are well on the way to meet the numerical requirements for independent units.

The original idea of the founder was to create study centers for mothers, in the homes or in connection with the kindergartens in which her friend and collaborator, Mrs. Phoebe Hearst, was so deeply interested—groups in which the health and training of little children might be discussed and in

* Read at the second Annual Conference on Home Education, Minneapolis, Minnesota, May 7, 1924.

which the importance of wise motherhood might be appreciated. The task was no light one, for the average mother in those days had been brought up in the belief—still, unfortunately too prevalent—that physical motherhood was the “open sesame” to maternal wisdom, and the suggestion that education for parenthood was a long and often painful road to be travelled met with either stolid indifference or active opposition from the should-be student, and with incredulity from the average male who had been brought up in the old superstition of the inspirational source of child psychology and physiology.

With the growth and spread of the idea of the value of a trained mother as well as a trained nurse and a trained teacher, came the recognition of the need for home education for those who had had no opportunity to prepare for the new tasks and whose limited instruction had given them neither the science nor the technique required for the most complex and exacting of vocations. A quarter of a century ago domestic science was little known save perhaps in its primer stage of cooking and sewing lessons; to suggest to the well brought-up young woman that upon her might devolve the care of a baby was to border upon the indelicate; health, or rather, the cure of disease, was the affair of the doctor; education, that of the teacher in the school; while to feed, clothe and shelter the child in the home was felt to comprise the whole duty of the parent and to be the duty of the parent, alone. The child as the coming citizen did not exist in the public mind, and the community had not awakened to its responsibility toward it. Very slowly, then, the new idea took root, for there was no force to promote its growth save such as the developing national organization could supply. But the little “run-about” grew older and went to school, and the failures of the untrained parents, illuminated by the new light, met the glare of public opinion and the competition of a steadily progressive school curriculum. The Parent-Teacher Association, planted here and there in corners, sud-

denly started to grow like Jonah's gourd, and was recognized as the natural complement to home education and the mothers' study circle. The parents who had become interested in the study of their children, followed them eagerly into the life of the school, and as these groups increased in strength and in numbers, they were incorporated into the original organization, which expanded its name and its charter to include the new development.

The primary conception of the function of these associations was in many cases that of benefactor, or even that of critic and reformer, to the public school, but further acquaintance with the educational system and with those entrusted with its conduct brought home to the parents the knowledge that the need for reform was chiefly, or at least equally, upon the side of the home teacher, and that in order to rival the school teacher in mental equipment, study, observation, and practice would be necessary.

It was too late to go to school as a regular student, except in the rare cases when a college was within reach, but through contact with the school and its teaching force might be acquired the information as to what parents should know in order to produce a scholar mentally alert, physically fit, and morally sound, and this need might then be met by home education of the right type. With this end in view, through the efforts of its President, Mrs. Schoff, with whom the idea originated, our organization secured the establishment of, and for several years assisted largely in maintaining, a Home Education Division in the United States Bureau of Education, until, its usefulness having been proven beyond question, it was taken over by the government and made a permanent feature of its extension work.

As the true field of service of the Parent-Teacher Association became more and more definite in outline and more important to the social structure, there developed also an increasing sense of the value of, and the need for home study on the part of the parent, individual and collective. Among

the aims of the national organization may be found these propositions: To raise the standards of home life; to develop wiser, better trained parenthood; to surround childhood with the care that will develop good citizens instead of lawbreakers and criminals. These objects demand not only general culture, but efficiency in home management, familiarity with the modern developments in physiology and hygiene, a working knowledge of child- and adult-psychology, and an understanding of civic responsibilities and the relation between the home and the community both in regard to health and recreation.

The spread of this movement is bringing about a more enlightened and intelligent parenthood, not only as to the affairs of the school, of which a more accurate knowledge, a better understanding, and a more generous and sympathetic attitude are being obtained, but also as to the function of the home as a coöperative agent in the evolution of the child. Demonstrations of health instruction, of physical education, of the principles of nutrition, of domestic science and of civics, have aroused in many the ambition to elevate the standards of the home to meet these modern requirements and have inspired the consequent search for information to supplement the scantier education of a by-gone day.

To an increasingly greater degree teachers are being trained for their work and equipped with an intimate knowledge of child life in its various aspects, but only a comparatively small group of men and women have even yet received training for the profession of parenthood, while the vast majority stumbled along the old beaten track by the uncertain light of their own limited experience or by that of friends or relatives equally untrained. Millions of men and women are yearly entering the most exacting of vocations with no more than what might be called a grammar-school preparation, and yet few of them would consider such an education adequate for the doctor to whom they turn so helplessly in time of illness, or the lawyer to whom they blindly confide their business interests, or even for the teacher to whom they send their children for a few hours each day during a part

of the year. There are in this country at present, 300,000 teachers under the age of twenty-one, and yet *they* have all had normal or at least high-school training. I wish we had the statistics for the education of a corresponding number of mothers of similar age, to whom are entrusted not only the minds, but the bodies and souls of little children!

In considering any plan for Home Education three factors must be reckoned with: (1) The field to be reached; (2) The means of reaching it; (3) The material with which to work in it.

The field has already been indicated—those millions of men and women of scanty or limited education dating back from five to twenty-five years and even farther; men who “want to rub up a little to keep up with the boy,” whose history and literature are worse than rusty, or who have been aroused to a belated interest in scientific agriculture and the rapidly developing possibilities of country life, or to the greater opportunity of the trained man in the business world; women desirous of doing their share in constructive health work, to be better mothers and homemakers, or who feel the need of the relaxation or the inspiration of great literature, be it fact or fiction, to bring color and music into monotonous lives and to add to the routine of housework the culture which comes from contact with great minds and of which they had lost sight when their remote school days faded into the dim past.

Of all the agencies which stimulate the desire for extension of education, the Parent-Teacher Association, with its auxiliaries, the Mothers' Club and the Pre-School Circle, is perhaps the most fundamental and far-reaching, for certain very definite reasons.

First, it is composed of people whose interest in progressive movements has already been aroused. It presents a public already awake or ready to waken to the advantages offered by universities and libraries and the Bureau of Education. The teachers who have allied themselves with these groups are sufficiently broad-minded and coöperative in spirit

to have graduated from the class of instructor into that of educator, as a general thing, and having this ambition to advance, they are looking for any promising channel for self-development. They have learned by their contact with the home background of their pupils that the curriculum is subject to modification by every condition existing in the environment of the child, and that their task is not to pour in more and more facts but to draw out the possibilities and awaken the dormant powers of each individual, in so far as the overcrowded classes will permit. The teacher to-day who is worthy of the name is as busy with self-education as with that of the boys and girls who look upon him as the compendium of all knowledge, and summer schools, libraries and a carefully planned course of home reading are all part of the year's work.

Secondly, it includes parents, whose avowed object, through their membership in the national organization is "to raise the standards of home life." They are continually being confronted by things with which they are unfamiliar—by new ideas and methods in education, by new masterpieces of art, music or literature, by new theories and practices of home management, culinary science, budgeting and food valuation, and their awakening consciousness of their ignorance of what to their children are everyday occurrences causes them to seek out the means now available to them for the acquisition of this belated knowledge. The universities may open their doors and extend their services, the library shelves may stand laden, but without this aroused desire to learn, their advantages may be offered in vain.

The universities offer a liberal education both in their special classes for adults and in their summer schools, and to them flock, annually, an increasing number of student-parents as well as of student-teachers, but the teacher's leisure begins when the schools close. It is just then that the parent faces his or her period of greatest activity, and comparatively few are so fortunately circumstanced as to be able to delegate the practice of their profession to others,

while they hie to the groves of learning to refresh themselves with the latest theories.

It is beyond question that a large proportion of the people who are most in need of this higher education do not know that it is available in practicable form, and that the majority of those who desire it cannot go where it is to be found. For the first of these two groups, a contact must be formed by means of which those who know not may be made aware that they know not and may be induced or encouraged to supply their deficiencies. As Dr. Bittner has suggested, there must be a definite aim if an organization is to meet with success in promoting adult education, and to one phase of this topic the Parent-Teacher Association is perhaps prepared to give the clear answer which is needed. Passing the problem of actual illiteracy as somewhat outside of the scope of this conference, let us consider the opportunity offered by this association, which links parents to the great educational machine by the strong chain of interest in their own children. At one end of our line, we have the great universities to which go in thousands the teacher-members, and from which they bring back new projects and skills, the dynamic force of fresh ideas and a picture of the great power plant whence they have been derived and which now becomes more or less familiar to the parent-members of this connecting link.

Every modern teacher knows the meaning of the "point of contact." While the exceptional man or woman, the hungry mind seeking food, will reach out and find its supply in the list of courses and in crowded catalogues and bulletins, the average individual looks hopelessly—if he looks at all—at the vast program spread before him, and like the rural visitor to a great city hotel, seeks vainly in the elaborate menu for some dish of which he may feel reasonably sure. But let us bring one of these young mothers into the relationship of a Mothers' Study Club, a Pre-School Circle, with its definite program built around the children, not of theory but of her neighbors and with her own child in the center. At once she touches, through the committees of the parent organization,

the points of child hygiene, home economics, children's reading, and the effect of motion pictures on her little children, the need of supervised recreation—and at once the formidable list of reading courses takes on new meaning. Parents' Reading arouses curiosity and she becomes eager to travel the "Pathways to Health," while the library loses its terrors when she can ask with confidence for the recommended books. In the Home Study Courses offered by the universities, child psychology, household engineering and English composition have something to do with *her*, as wife, as mother, as a possible leader in her little group and later in her state organization.

The parents of older children find in their association, programs based upon hygiene and physical education, American citizenship and legislation, recreation and social standards, thrift and home economics, on the school system and its needs, on the problems of country life, and again the once formidable titles spring into life and become, instead of mere words, promises of light on subjects just touched in the brief monthly meetings, bases for the discussion on which is gradually becoming a possibility to the most timid in this democratic American forum, the meeting of citizens in the public school.

In the early days, when the organization was in what might be called its donor stage, concerned chiefly with pianos and victrolas, with pictures and playgrounds and pots and pans, it was moving toward its greatest danger period—that in which it threatened to become a mere lyceum, a coming together monthly to be entertained by a program. As we look back through old files, we find them much like the Federated Club which "did the world in a winter." There was always music by school chorus or orchestra, a "stunt" by one class or another, a speaker, sometimes humorous, sometimes dramatic, and in the course of the winter, health, morals, manners and education would have been covered, apparently to the general satisfaction. Then gradually dawned the realization that those who gathered in their schoolhouse were

neither donors nor recipients but fellow-students, partners in a great enterprise, "co-workers together with God" in the fashioning of immortal souls. The programs became the means to very definite ends. Such subjects as illiteracy, the pre-school child, school administration and the community's responsibility toward the educational system, health, and recreation were matters for serious study, which could not be disposed of in a general way by a speaker, however brilliant, but were questions of local experience and required investigation, coöperation, and education.

Here, then, is offered to the three great organizations represented to-day a certain section of their vast field of possible activity. Here is not a miscellaneous public among which are scattered certain potential students, a small proportion of readers among thousands who will pass by, indifferent to the opportunities offered; but rather, a selected group of people whose interest is already aroused, whose object has become fairly definite, though many sided as to its approach, and who, in becoming members of this national body with its clearly defined aims and purposes, have thereby signed their applications as would-be students in the great university of life, as patrons of the libraries wherein they may secure the material for their curricula. There are endless channels, explored and unexplored, by which the educatee may be reached, but here we have to present but the one which we have charted, along which the school-ship may move forward without fear of bars or breakers.

So much for the field. Now as to the tools, the material, needed for its cultivation. As it specializes in boys and girls, with a sector devoted to the parent and teacher as a by-product, it has certain rather definite requirements for the meeting of its problems which differ widely from those to be met on other ground equally worthy of development.

The educational material needed for this coöperative project must first of all be practical. The students are those who must count every moment taken from the complicated business of living and must extract the maximum of return

from every hour spent in the pursuit of knowledge. They are not a leisure class, adding culture in art and literature to another wise well-rounded education. They are for the most part the toilers of the world, often the hewers of wood and the drawers of water; men striving to wring the utmost from their business to meet the demands of a family; women concerned with "the affairs of a narrow home," who must be domestic engineers of no mean ability, so to budget their time as to save from that required for cooking, washing, dusting and sweeping, sewing and "baby-tending," a golden hour or two in which to "reach out to pastures new where the soul feeds." Such students need two things—and one quite as much as the other. They need, first, efficiency, to make it easier to secure those precious hours, and next, inspiration to lift them out of the ruts of mechanical performance of duty and show them their professions of home-maker, of parent, of just man or woman, illumined by "that light that never was on sea or land," and life itself in all its many phases as something infinitely worth the living.

In order to render the service which will be of such inestimable value to a tremendous percentage of the people of our country, the universities must offer some courses which are immediately usable, applicable to conditions already existing, not to emergencies which may arise later, and demonstrating methods whereby drudgery may be raised to technical skill by the admixture of scientific principles; and these courses should be prepared by those who have had actual working experience of the conditions to be met and the difficulties to be overcome. In the first group may be classed the principles of nutrition; the value and purchasing of food and clothing; the skilful budgeting of time and strength as well as money; the conservation of the chief operator in the home plant by means of *non*-technical instruction in the laws of hygiene, the inspiration of exercise, the technique of rest; home furnishing and color values; and as a bridge to the second group, art appreciation and a discriminating taste in

literature. Many of the textbooks for these courses are yet to be written.

In the second section we would place the study of fine literature; the history of music and musicians, illustrated by the now almost omnipresent Victor or Columbia phonograph machine; psychology in graded lessons, with a glossary of its terminology to correspond; poetry—the very best, but what people really do like—not what they ought to like from the standpoint of a technician or a modernist; our government, and the responsibility to it of every individual citizen, whether in town or country. To these must now be added by the university desirous of being in the front rank, a course in Training for Parenthood which shall include the mental, moral, and physical education of children from earliest infancy through the high-school age, to be supplemented by graded reading courses and required theses. In thus training for life in the school of observation and practice, the universities have an opportunity equalling if not by far exceeding in value their training for certain smaller sections. It is a great service to train teachers, artists, social workers, experts in many lines, but it is no less a public benefaction to train the parents who must be all of these things and more, if the next generations are to rise above the past.

The second agency which has a great contribution to make to this education for parenthood, as we see it, is the free or public library, a second university, including all branches of learning and reaching out by a widespread extension division into the homes of rich and poor, to the dwellers in the cities and to the tiny isolated settlement or school.

Here again, with perhaps some of that egotism which comes from absolute faith in a cause or a movement, we believe that we have a special contribution to make to the coöperation which is sought in this conference. As I said a few moments ago, whereas the earlier programs of the meetings of the Parent-Teacher Associations were little more than musicales or lectures, the last few years have seen a great change in this respect, and the programs of to-day are foundations for

study and surveys, each one supplemented by a carefully selected bibliography which is made as nearly as possible essential to the carrying out of the suggested plan. The member of an active association is no longer like the immortal Mabel, in no need of the gift of a book because she already had one. Her requirements are many and varied, and she is being referred continually to her library for the supply, or for information, while at least once in each year, the associations are advised to invite their librarian to talk on books, for summer or for Christmas, for the children or for some special course of study. When a new group has been organized, their first question is likely to be, "What shall we do?" and when on inquiry it is found that the community has no library resources, their energies are at once directed to the securing of one.

Children's Hour is a feature of library service already widespread and its benefits are inestimable. Might not a Mothers' Hour be made of equal value? If on the long summer afternoons in the thousands of little communities in our broad land, while the babies were safely at play, the mothers and child-lovers could gather around the "Story Lady" and talk things over, and hear wonderful bits of prose and poetry to sharpen the appetite for more, can the good be measured by any scale you know of? It may be that this is being done somewhere; then let it be done everywhere and the library will have trebled the benefits it gives so generously now.

There will always be those who seek the heights, and many who reach them and serve as guides to others, and many more who long to go but do not know the way. There is much glory in having contributed to the development of one of those master spirits, but the slower raising of the whole great level of humanity, the task which lies in the hands of such organizations as those which have met with us to-day, is civic betterment in its highest sense, and we, as an organization, shall be both proud and happy if in any way we may contribute to its accomplishment.

RENDER UNTO CÆSAR *

E. A. KIRKPATRICK

Director, Child Study Department, State Normal School, Fitchburg, Mass.

An article¹ on divorce which appeared in the *Atlantic Monthly* shows clearly that marriage and divorce laws have been and still are dominated by religious beliefs and sentiments. In our legislation regarding marriage and divorce we are behind many other countries. In many parts of Europe, civil marriage and divorce are entirely distinct from church marriage and divorce. Here, there is a strong tendency to make legal marriage and divorce conform to religious ideas, with the result that neither Cæsar (the state) nor the church (God) is rendered his own proper respect and due. In so far as any church regards marriage as a religious affair, it should have full authority over its own members as to marriage in its religious phases and should no more ask the state to enforce its doctrines than it should ask that the state compel its members to attend its services or conform to any other of its rules.

Society, as represented by the state, has very definite interests in marriage, and in those respects it should exercise its authority for its own good, regardless of religious beliefs. A third party, the individuals engaging in marriage, have certain rights to which respect should be rendered by church and state. Whenever the good of society as a whole is involved, the state is supreme over both the church and the individual. Within the sphere of personal living, each individual must seek and find as best he may, harmony of individual desires and religious beliefs, and each church must fix the limits of its own authority over its members in the field of religious beliefs and practices.

* This article was received by the American Social Hygiene Association, May 16, 1924.

¹ *Divorce*, by K. F. Gerould, *Atlantic Monthly*, October, 1923.

In marriages where children may be produced, the state is vitally concerned. Its interests are the same as in immigration, with additions. A license to marry is a permit to add to the present population of the country. The state is concerned with the kind of persons likely to be added, and not only that, but with the probabilities that they will be properly nurtured and trained as useful members of society instead of being a burden upon it.

Due respect to Cæsar demands that no marriage license shall be granted to persons who cannot present evidence of their fitness to propagate children who are normal, physically and mentally, or who are unprepared to give them such support, nurture, and training as to guarantee that they will never become a charge upon society. These truths are recognized and made the basis of many laws relating to marriage and divorce, yet not a state in the Union has a set of laws that are effective in more than the slightest degree in insuring that the persons licensed to marry will produce healthy children and give them proper care. In the making of laws governing entrance into the marriage state and the continuance of the relation, common sense and scientific truths as to how the good of society may best be promoted, have been subordinated to the dictates of religious customs. The religious idea that marriage should be permanent has caused the legislative and judicial departments of state to occupy themselves chiefly with divorces rather than with marriages. Not until very recently has there been any serious attempt to fix the conditions upon which marriage licenses shall be granted, in such a way as to secure the state against the production of defective children or those unlikely to be properly cared for.

As long as the chief purpose of marriage laws is to make the dissolving of the marriage bond difficult or impossible, Cæsar will never receive that which is his due, assurance of healthy children brought up in good homes. We do not try to get good immigrants by framing laws making it very diffi-

cult for a person who comes to our Country ever to get away. Neither do we try to get good medical or educational service by making it very difficult for one who has once been granted a medical or teaching diploma to abandon the practice of medicine or of teaching. We do not seek the good of society by making it easy to enter upon the profession of dentistry, law, or engineering, but very hard to withdraw. Nor do state and nation so frame our civil service laws that almost anyone may become a public accountant or a postmaster but will find it difficult to get out of the service. Even churches do not try to get effective members by accepting all applicants, then making it hard for them to get out of one church and into another.

If it is once admitted that the chief end of the state in regulating marriage is to secure more children who are well born and well brought up, than would be the case if there were no laws, then we might well say the state law-makers are imbeciles, but of course this is wrong. They have merely been trying to guard religious beliefs and practices when they should be framing laws wholly in the interest of the state.

What would Cæsar's law-makers do if they devoted their best talents to securing well-born children for his future subjects? We will not assume that these law-givers are endowed with supreme wisdom but merely that they have common sense and that they will make such use as they can of scientific knowledge in framing and administering marriage laws. Could they not safely begin by requiring that an application for a marriage license should contain many more and better certified facts than is now the case? At present the facts required are often as few as are necessary to secure a hunting license or a dog license or a bakery license and much fewer than to operate a moving picture film. They might very well choose as their first model for a marriage-license application, the sort that is required by life insurance companies. This includes facts of heredity, physical characteristics, personal history and habits, endorse-

ment of acquaintances and certified statements of an examining physician. This application is submitted to an expert to whom the applicant is personally unknown and on his recommendation the person is accepted as a good risk or refused insurance. No religious or other sentiment enters into the affair but in the light of the facts presented and scientific knowledge of their significance it is decided whether the interests of the company will best be served by granting or refusing the policy.

All large, well-managed business corporations require an application containing many more facts than are required by the state to secure a marriage license, before they employ any one even in a minor capacity. Formerly there was some attempt to keep employees by troublesome regulations regarding pay, making it difficult for them to leave, but, now, all the efforts of employment managers are directed toward securing the right kind of workers and getting them properly placed and adjusted to their jobs.

If Cæsar is ever to have his due of healthy children, properly cared for in good homes, from those granted marriage licenses, his law-makers must give their first and chief attention to what shall be demanded before entering upon the marriage relation, instead of to the question of who shall be allowed to sever this relation.

If the law required adequately complete application blanks to be filled and passed upon by experts before marriage licenses were issued, the matter would be on a sound basis even though the applicants were given the benefit of every reasonable doubt, especially in the early administration of the act. If the law should further provide for reports of the physical condition of all children at birth and more complete records of physical and mental condition when entering school at six, and before voting at twenty-one, records would soon accumulate that would make it possible to determine definitely what sort of people should be granted licenses to marry. It is by analogous means that insurance companies

have gained a more accurate knowledge of the characteristics of good and of poor risks.

At the outset an expert would probably rule that where either applicant was shown to have a venereal disease, the license should be refused. It would also be refused where the facts indicated that there had been several defects such as feeble-mindedness or epilepsy in the families of both applicants. As time went on and scientific studies were made of the facts, there would be greater assurance as to what kinds of facts were most significant and just what rules should govern the acceptance or refusal of an application.

The laws already on the statute books in some states, designed to prevent the marriage of those unlikely to produce normal children, are ineffective because some of the facts required are not significant. Only on the basis of accurately recorded facts can Cæsar be given his due. It is the first duty of law-makers to provide for statistics regarding marriages and births that managers of public affairs, with the help of scientists, may solve the problem of getting the well-born children to which Cæsar is entitled.

At the present time one fourth of the population is producing no children while another fourth is responsible for one half of the births. A recent study by Dr. Ross showed that dependent families of native stock are producing nearly twice as many children as families of the same stock who have one or more children in college. Estimates also show that at the present birth-rate and age of marriage, a thousand Harvard graduates would in two hundred years have only fifty descendants, while a thousand south Italians would have one hundred thousand. Feeble-minded families are most productive of any class. People of foreign population do not produce so many children after the first generation so the danger that the native population will be swamped is not so great as some have feared. The studies of Dr. Ross and others, however, show clearly that while the birth-rate among all classes has decreased in the last century, the decrease has

been least in inferior families and greatest in the superior. These are the facts which Cæsar's representatives should consider and seek to change.

It is not enough that children shall be physically and mentally normal at birth, but they must be brought up under conditions favorable to their being useful to society rather than burdens upon it. It is a truth now generally recognized that a moderately good home is far superior to the best managed institution as an environment for children. This being the case, the representatives of Cæsar should seek to find means of increasing the number of good homes and decreasing the necessity for the less efficient, charitable, county and state institutions for children.

An income sufficient to provide decent living conditions is often lacking because children are produced by persons who are scarcely able to support themselves. Our far from perfect immigration laws have long required guarantees that those added to the population shall not become an economic burden. Every reason that justifies this law demands a law that marriage licenses shall be granted only to those who give adequate evidence that the children they produce will not become public charges and that they will be properly cared for. Such evidence need not be confined to property possessions. Much importance should be attached to the record of the families of the applicants as to whether any of them have in the past been public charges, and account should be taken of the industry, earning capacity, position, and prospects of the candidates. Where such evidence is inadequate, individuals or perhaps corporations may be found to guarantee the state (county, city or town included) the expense of supporting any children of the applicants who may need it.

In a considerable number of cases, families which, if small, would be self-supporting, become burdens upon society because too many children are produced. Increased expense of greater numbers is not the only difficulty. Associated sickness and death, and bad living conditions are more potent

causes of hopeless poverty. Only parents of exceptional physical, mental and moral qualities can keep themselves and a large family of children healthy and the home decent, especially in cities. All others with a small income and many children must receive public help or rear children who will be even less likely than their parents to found successful families.

The remedy in this case lies not so much in new laws as in the repeal of freak legislation which makes it a crime to inform the heads of families how the birth of children may be controlled so that there shall not be so many as to overtax the financial and physical resources of the family, and so that they shall come at the time when they can best be cared for. There are perfectly harmless methods of preventing conception. Some of these, not always the most harmless or effective, are familiar to a large number of parents but are not known to many of those who most need it. Cæsar, the people of this democracy, can only have his due when this silly and unjust law is repealed and when, before granting a marriage license, the applicants are fully instructed as to how birth can be effectively and healthfully controlled, thus making it possible for the family to increase in numbers as health and means permit, without danger of insolvency.

But many people believe that it is not right to use contraceptive means. To such it can only be said as to others, "Render unto Cæsar the things that are Cæsar's and unto God the things that are God's." It is Cæsar's due that those persons to whom he grants a license to produce children shall take adequate care of all the children they produce. Whatever one's religious beliefs, he owes a duty to society of properly caring for the children he brings into the world. If children are coming in such numbers or so quickly one after the other that he cannot maintain proper home conditions, it is his due to Cæsar that their coming shall be limited. If he thinks his duty to his God does not permit him to use contraceptive measures, then he should make use of

other means such as his conscience will allow, to limit the number. Others who do not believe it to be due to God to refrain from such methods should not be forbidden full information as to the best means.

Statistics reveal the fact that there are fewer criminals among married people than among unmarried, and fewer where marriage has been unbroken. They also show that there are not so many children who for various reasons need the help of the state, or of welfare societies, from complete families as from those where there is a broken home because of death or divorce. Such facts justify Cæsar in seeking assurance that those who are licensed to carry on the important functions of family life shall complete what they undertake. Every separation of the principals of a marriage firm represents at least a partial failure to perform properly the task assumed. There is, therefore, some justification for laws making it difficult for people to dissolve their marriage partnership when they have immature children. They should, when necessary, be held to their obligation to maintain a good environment for their offspring and since a permanent home, with both parents, is, other things being equal, the best, they should be required to continue it until the children are mature, except in cases where it can be clearly shown that better conditions can be provided by dissolving the partnership and making other arrangements for the children.

As knowledge increases, more foresight should be expected and means should be taken by Cæsar that he shall have in advance, assurance that those licensed are likely without compulsion to maintain permanent homes of a good quality for rearing children. This is more difficult than anything so far mentioned. If, however, the means were taken to insure healthy children and financial ability to support them, the proportion of permanent unions voluntarily maintained would be considerably greater.

Many of the desertions by husbands are the result of hasty marriages, quickly followed by children, with no adequate means of meeting the financial and other problems involved. Delay, therefore, before licenses are granted and requiring of evidence of ability to rear a family successfully would prevent many marriages that are almost sure to be failures.

There are other obstacles to successful marriages and these should be carefully sought out and remedies found. One of the most obvious of these is the failure to provide young people with proper training for married life by teaching them how partners may successfully adjust themselves to each other, how healthy children may be born, how they may best be kept in health and given conditions most favorable for mental and moral development. One state, it is reported, has already passed a law requiring parents to take a course in the rearing of children. Some knowledge of married life and of child nurture might well be required before a license to produce offspring is granted. This would undoubtedly result in more permanent and better homes.

There remains one source of marriage failure, that it is exceedingly difficult to guard against. This has many causes, often summed up in the divorce courts as "incompatibility." Sometimes there is no real incompatibility between the persons but only difficulty in adjusting themselves to each other under new and trying conditions for which they had in no way been prepared. The precautions previously mentioned would eliminate many of these. Cases of real incompatibility could often be adjusted by intelligent and persistent effort, sometimes with the assistance of expert or experienced advisors. There would still remain a certain number who, even with considerable acquaintance before marriage, find themselves mismated and cannot or will not make the adjustment to each other necessary for the proper care of children. Such cases are, however, much more common when the marriage is childless. Whatever may be the due of the church or God, Cæsar has no reason for demanding,

as his due, that such persons shall continue to remain husband and wife.

The intimate relations of a man and woman in the married state are so different from any that they have ever experienced before that no amount of forethought and training can completely prepare a couple for successful adjustment to each other. Only actual trial and learning by experience can produce ideal or even reasonably successful adjustment of the lives of two people. If it were the practice to produce no children until after the couple found that they were compatible or could become adjusted, then the serious evils of bad, quarrelsome homes for children might be lessened. Those who cannot adjust themselves to each other reasonably well, should not produce children. Whether they shall remain married or be divorced is of little moment to Cæsar. It is for the individuals to decide what is owed to themselves and what are their obligations to God or the church.

The discussion thus far has been concerned with a common-sense view of marriage of the family type, one where children are produced and reared. It is a well-known fact that many marriages are not of this type but of the companion type in which no children are produced. The distinction between such marriages and those of the family type is very great and should be clearly recognized by Cæsar, that he may get his full due in the one case and no more than his due in the other. When persons too old to produce children marry, it is for companionship only. The law, however, has recognized no difference in marriages. At the present time, when there are sure and safe means known of preventing the production of children, it may well be that companion marriage should be recognized as a distinct type which may be entered upon or dissolved in accordance with a somewhat different set of laws from those applying to family marriages. Ancient Roman law recognized these types of marriage and was strictest concerning the family type.

Those who are inclined to consider the relations of men

and women to each other a wholly individual affair and that neither Cæsar nor God have any dues, have not gone deeply enough into the matter, while those who say such things are either too nasty or too sacred to be studied or discussed are wilfully blind and recreant to their duty.

Man differs from animals chiefly in his greater intelligence, and all the advance he has made beyond the brutes is due to the use of this endowment in getting a more perfect knowledge of the world in which he lives. Through this knowledge, working in accordance with the laws of nature he can improve upon her achievements by hastening and perfecting her processes. Through his knowledge of physical forces, industry has been revolutionized, so that with less effort much more of what is convenient and desirable is produced. Using his knowledge of biological laws, new varieties of plants and animals have been evolved and their production controlled, but as yet man has made little use of his intelligence in improving himself as a species. This is the great need of the present time and should be the crowning achievement of his God-given intelligence. This will be possible only through studying every instinct of man, including that of sex, as thoroughly as we have studied other phases of nature and life and using that knowledge just as fast as it reveals possibilities of improvement.

Old customs should not lightly be changed but as soon as they are shown to be not in accordance with man's nature, they should be gradually modified and better ones substituted. Most of the religious and ethical problems connected with marriage and sex relations can be given only incidental treatment here. Our main problem is to determine what is due to Cæsar.

Society is concerned with the mating of men and women even where no children are produced, first, from the standpoint of public health. Promiscuous relations between the sexes are the chief causes of the spread and continuance of injurious and deadly contagious diseases. If monogamy universally prevailed in fact, and not merely in theory, these

diseases could be limited and in a few generations entirely eliminated. It is Cæsar's due, therefore, that conditions shall be made favorable for monogamous unions and unfavorable for promiscuous sex relations. This can be done by requiring a medical examination for companion marriages as well as for family marriages and by more complete control and regulation through quarantine and legal penalties, for those who spread venereal diseases. No sex difference should be recognized in such public-health laws.

Since all the conditions of modern life are more and more unfavorable for early family marriages, and the resultant ills are numerous and serious, it is only Cæsar's due that conditions should be made favorable for early companion marriages. This is more a matter of tradition than of legal enactment yet a few changes in laws would facilitate changes in customs and moral codes. If the property laws and the laws governing divorce were made different from those governing family marriages, there would soon be many more companion marriages. The state is interested in such marriages not only because they would promote public health and help to do away with the great social evils of prostitution and sex irregularities and perversions, but it is interested in having one man unite with one woman and in having such unions prolonged instead of being frequently changed.

Nature produces the two sexes in nearly equal number and in a democracy it is only maintaining the fundamental right of man to a mate, to insist that no person have more than one at a time.

It is also to the advantage of the state that the mating of a man and woman shall be prolonged rather than transient, for many reasons that cannot now be explained in detail. One of these reasons, however, stands out clearly; the advantages to society of promoting conditions and practices that tend to result in good and permanent homes in which its future citizens are to be reared. Although it is not Cæsar's due that companion marriages must be permanent (whatever may be the individual's or God's due) yet he is justified in requir-

ing that they shall not be too hastily broken and remade with new partners. Those who make such marriages should be allowed to choose for themselves divorce and remarriage, but only after some delay and conformity to regulations. This would make it much more probable that the man and woman will stay together long enough to become adjusted to each other except where there is great incompatibility. Even if the marriage cannot be made satisfactory, the experience of having lived for some time in the marriage relation will be helpful when a new union is made. Short temporary unions should be discouraged because they give no time for adjustment and tend to develop the habit of selfishly seeking variety, a condition opposed to the development of successful family life.

Persons who have made a success of companion marriage for one or more years would, other things being favorable, be much more likely to succeed in a family marriage, hence, less evidence should be required before granting a family marriage license than in the case of those who have had no marriage experience in common. On the other hand, any person who had been divorced often should be refused a family license to marry until he or she had lived in successful companion marriage for some time.

The problems of sex are too numerous and intricate and have received too little scientific study for any person or group of persons to formulate completely the legal and moral regulations needed to bring the best results to individuals and to society. Both common sense and science, however, indicate that the immediate steps in advance are: (1) complete separation of law and religion in the making of marriage laws; (2) more care by the state in supervising and granting marriage licenses and in ascertaining the results, by examination and records of the children produced; (3) the legal recognition of companion marriage as distinct from family marriage; one being largely a matter of contract between individuals and the other, a relation in which the welfare of society is most intimately involved.

A STUDY OF THE VALUE OF A FOLLOW-UP SYSTEM IN A SYPHILITIC CLINIC *

HENRY A. FISHER, M.D.

Chief of Syphilis Therapy Division, Genito-Urinary Department

This study¹ was undertaken under the joint auspices of the Associated Out-Patient Clinics of the City of New York and the Brooklyn Hospital for the purpose of determining the value of follow-up work in a clinic treating syphilis, and what minimum amount of follow-up effort might reasonably be required in such a clinic.

The underlying cause for this undertaking was the desire of the Department of Health for definite information on this subject, on which to base fundamental requirements in the conduct of clinics in this city. A request for a definite and official opinion was made to the Associated Out-Patient Clinics and the subject was considered by the Section on Venereal Disease.

It was found that the objections to a follow-up system by institutions were as follows: (1) A high cost; (2) Excessive labor; (3) A high percentage of wrong addresses, given by patients; (4) Violation of secrecy by giving intimation to others that the patient needed treatment; and (5) A low rate of response to follow-up effort.

In favor of the installation of a follow-up system were the following arguments:

* Read before Venereal Disease Section, Associated Out-Patient Clinics of the City of New York, June 17, 1924.

¹ The successful completion of this study is due entirely to the cheerful coöperation of all those participating in the work as indicated in the body of the report. Their loyalty throughout the year rendered possible the amount of success attained. To Miss Elizabeth L. Brezee, of the Associated Out-Patient Clinics, belongs the credit of the arduous task of the compilation of the statistics.

1. The tendency of patients to stop treatments as soon as symptoms disappeared or as soon as the Wassermann reaction becomes negative.

2. The tendency of patients to stop treatment because of some minor untoward occurrence, such as, a reaction after arsphenamine or pain after an injection of mercury, under the belief that the treatment was too strong for them. An explanation of these occurrences serves to make them endurable and to keep the patient under treatment.

3. The necessity of keeping patients under control until rendered non-communicable as a general menace to the community.

4. The desirability of control and observation until the disease be permanently arrested in order to protect marital partners and future offspring from infection, and to maintain the patients in a productive economic status, preventing their descent into a chronically ill dependent condition, either physical or mental.

5. The necessity because of the lack of any positive criterion of cure of syphilis, for the observation of cases of cure or probable cure for many years. The information thus secured is not only of the greatest value to the patient, but is our only means of learning the ultimate effect of various plans of treatment.

6. The value of obtaining knowledge of the reaction of the patient to the contact in the clinic, thus giving a check on the various aspects of clinic management.

7. The need, in all human endeavor, for stimulation to maintain constant effort toward a fixed goal in the face of discouragement or absence of definite indications.

In considering the selection of a clinic in which to conduct an experiment that would throw light upon the many features of follow-up work, the Executive Committees of the venereal-disease and social-service sections of the Associated Out-Patient Clinics determined that the past, present, and future of the clinic as to organization, location, personnel, and clientele must be reasonably stable, that adequate space for clerical, social service, and other requirements was essential, that there must be enthusiasm for the project with a willingness to increase facilities as and if required. Adequate files, records, equipment, consultation relations with other branches

of medicine, and immediate qualifications under the rules and regulations of the Sanitary Code were minimum requirements for consideration.

The Brooklyn Hospital was finally chosen as the place in which to conduct the study as all the requirements of the Health Department were being met and had been met for a number of years. No marked changes had been made for years in the history system, follow-up method or staff relationships. The facilities were considered adequate and capable of expansion under the limitation of numbers rule of the Health Department.

If, as it were reasonable to expect, the same stability of routine continued during the time of the experiment, it was apparent that Brooklyn Hospital would give a measurable background, a measured present, and a future with which it is hoped comparisons can be made by and for the Health Department and others interested in the subject of retaining syphilitic patients under treatment.

The Genito-Urinary Department of the Brooklyn Hospital Dispensary had established a follow-up system which had proven satisfactory. Its plan had been gradually developed from a small beginning in 1912, at which time, handwritten notes by the doctors on the dispensary prescription blanks were sent to special cases. This plan was gradually extended to include all delinquent cases. During this development stage, it was found that the wording of the notes could be restricted to a very few phrases, the following being those in constant use:

You were not cured at your last visit.

You need further treatment.

You need further observation.

You should return for your own good.

You should have treatment for the protection of others.

Based upon this experience, printed forms were devised in 1914 as follows:

THE BROOKLYN HOSPITAL DISPENSARY

RAYMOND STREET AND DEKALB AVENUE

Brooklyn, N. Y.

Mr.....

..... G. U. S. T. No.....

You are requested to return on.....

You were not cured at your last visit.

You need further treatment or observation.

For your own good and the protection of others this card is sent to you.

Kindly answer this notice.

If you do not return you will lose your privilege.

Clinic Hours: Thursday and Friday, 9 A.M. to 11 A.M.

Pay Clinic: Thursday and Friday, 8 P.M. to 9 P.M.

.....M.D.

These forms have been used steadily since and have been very satisfactory.

The Brooklyn Hospital Dispensary Genito-Urinary Department was established in 1904 by its present chief of department, Dr. N. P. Rathbun, as the sole worker, and has gradually developed from this one doctor holding two sessions weekly through the stages of two doctors; three doctors, three days a week; six doctors, six days a week, and eight doctors six days a week, to thirteen doctors, six afternoons and six evenings a week in 1915. Both gonorrhea and syphilis were treated at each clinic session. At this time, the amount of syphilis under treatment was large enough to demand a session of its own and a morning session on one day each week was held. This was for men, the few women patients being treated on one afternoon each week after the genito-urinary session. The attendance at this session increased so that in 1917, a separate clinic hour was held on two mornings and evenings each week for syphilis therapy only, men on one day and women and children on another. This has been the arrangement up to the beginning of this study. The staff consists of a chief of division and two groups of workers, one of which attends the session for men, and the other, the

sessions for women and children. These groups are drawn from the doctors working in the genito-urinary divisions, and alternately care for the men and women and children, changing sections each year on March first.

THE HISTORY SYSTEM.—The histories are filed numerically and are divided into three files; the active file, the note file, and the closed file.

Histories are written when taken, and later typed by the stenographer. Notes and treatment on each visit are written on treatment slips prepared for each session, which are placed on file as the patients are treated and are later transcribed on the history sheets by the stenographer. The history sheets are folded once and kept in envelopes on the front of which are ruled spaces for the days of the month for a period of four years.

Each visit is checked, and it is an easy matter to determine when a patient is delinquent by looking through the active file. When a note is sent, an "N" is placed in the proper date space, and the history placed in the note file under the heading: "1st Note"—"2nd Note"—"3rd Note." Notations regarding attendance are written in the spaces under the ruled areas. This organization and method of procedure is the result of the development of the history system of this clinic since 1907.

The record of attendance in an actual case is shown on the following page.

This study was carried on under the supervision of the following committee:

From the Brooklyn Hospital: Mr. Charles F. Neergaard, Chairman, and Mr. David Lanman, of the Board of Trustees; Dr. Willis Nealley, Director of the Hospital; Dr. Nathaniel P. Rathbun, Visiting Urologist; Dr. Henry A. Fisher, Chief, Syphilis Therapy Division, Genito-Urinary Department of the Dispensary; Mrs. John E. Jennings, Chairman of the Social Service Committee; Miss Mary H. Combs, Directress of Social Service.

NUMBER _____
DATE ADMITTED _____

PATIENT'S RECORD OF ATTENDANCE

1932

8/30/22 2 weeks N.N

1933

8/3/24 2 months 8/7/24 1 month 8/9/24

TOTAL VISITS		TOTAL NOTES SENT		
		1st	2d	3d
Returned				

This Committee, having inaugurated the study, met at the end of each quarter to consider the reports of the previous quarter and to determine the changes to be made in the plan to be carried out in the ensuing quarter. The following Technical Committee was appointed to meet monthly to directly supervise the carrying out of the study:

Dr. Fisher, Dr. Thomson, Dr. Stetson, Mrs. Sheppard, Miss Combs and Miss Susan McGowan, the Social Worker assigned to the Syphilis Therapy Division.

At the beginning of this study the following plan was in operation in the Syphilis Therapy Division:

1. A note was sent to each patient who missed two successive unexcused visits, except that in cases in the infectious stage, a note followed the first unexcused absence. The notes were sent in sealed envelopes with only the street address of the dispensary in the upper left corner.

2. If patient did not respond to the first note, a second, and a third were sent at weekly intervals. The third was stamped "Your Last Chance."

3. If the patient did not respond to the three notes, his history was placed in the closed file.

For the period of study, the year was divided into four periods of three months each and the routine followed in the different periods as follows:

FIRST PERIOD.—No change to be made in the system in use in order to have a basis on which to judge the effect of changes made in the other periods, except the addition of a full time social worker, who during the period acted only as an admitting clerk. No social work, beyond that called for in special cases, was attempted. This was in line with our previous action, when such cases were taken care of, upon our request, by the general social-service department.

SECOND PERIOD.—The routine of the first period was continued with the following additions:

1. A home visit to be made by the social worker on all cases

not responding to the third note and on cases whose notes were returned by the post office as not found.

2. A more complete social history taken on admission to serve as a guide for further activity.

THIRD PERIOD.—The above plan was continued with the following changes:

1. A letter was used in place of the third note.

2. The home visit, as a follow-up measure, on men, was suspended, and a second letter used in its place.

FOURTH PERIOD.—The plan of the third period was continued with the following changes:

1. The letters to be used as second and third notes, respectively.

The letters used in the above study are as follows:

LETTER No. 1.

Harold I. Pratt, Pres. William H. Cary, Treas. Bayard S. Litchfield, Sec.

THE BROOKLYN HOSPITAL DEKALB AVENUE & RAYMOND STREET Borough of Brooklyn New York City

W. G. Nealley, M.D.,
Director

September 29, 1923.

MY DEAR MR.....

We have sent you two notes requesting you to return for your treatment but have received no reply.

It is for your own good that we urge you to continue your treatment. You apparently do not realize the seriousness of your disease, nor that it is only a long course of treatment that will insure you against serious illness later in life. The doctor cannot help you unless you help him by coming regularly for treatment.

I hope you will reply promptly to this letter by coming to next clinic or by writing to me. If you are receiving treatment elsewhere we shall close your history here.

The clinic hours are from 9 to 11 o'clock in the morning and 8 to 9 o'clock in the evening on Thursday only.

Yours very truly,

HENRY A. FISHER, M.D.,
Chief S. T. Division,
G. U. Department.

LETTER No. 2.

Harold I. Pratt, Pres. William H. Cary, Treas. Bayard S. Litchfield, Sec.

THE BROOKLYN HOSPITAL

DEKALB AVENUE & RAYMOND STREET

Borough of Brooklyn

New York City

W. G. Nealley, M.D.,
Director

October 6, 1923.

MY DEAR MR.....

We have received no reply to our three notes urging you, for your own good, to return for treatment. Remember that prompt attendance is your responsibility, and that it is your fault, if, because you neglected treatment, you develop a serious illness later in life.

This is your last chance and we urge and hope you will not neglect it. Return on next clinic day or write and tell us why you cannot do so.

If we do not hear from you, your history will be closed.

Yours very truly,

HENRY A. FISHER, M.D.,

Chief S. T. Division,

G. U. Department.

YOUR LAST CHANCE

No method of sending notes and letters or making home visits urging patients to persist in treatment can be successful, unless this is supported by a clinic properly managed to supply efficient treatment, to care for the patients promptly, to create in the minds of the patients, through their contact with the clinic personnel, an understanding of the need for thorough prolonged treatment, and by the proper professional and human attitude of the staff, to demonstrate that the problems arising in each case are taken into consideration.

Therefore, to properly evaluate the amount of success attained by a follow-up system, it becomes necessary to understand the organization of the clinic.

The Division on Syphilis is a part of the Genito-Urinary Department of the Brooklyn Hospital Dispensary, and is divided into a Section for Men and a Section for Women and Children. It is headed by a chief of division and each

section is manned by doctors drawn from the personnel of the department. The sections operate on different days and each holds a morning and an evening session each week. The hours are 9-11 A.M. and 8-9 P.M.

For the management of each session assignments are made as follows; consultant, director, historian, arsphenamine administrator, and mercury administrator.

The consultant was permanently the chief of division at all sessions. It was his duty to interview new patients after the history and examination on admission had been made, in order to see that the patient understood his problem, the why and wherefore of treatment. The general plan of treatment was then indicated and the first treatment for the patient ordered. The consultant also examined cases referred to him by the director.

The director interviewed all re-visits, noted on the individual treatment slips the patients' condition, improvement, adverse symptoms, etc., and ordered the treatment for that visit. When a patient required an examination for further attention, he was referred to the consultant who was prepared to take as much time as the case might require.

The duties of the doctors assigned to the other positions need no elucidation.

The staff rotated through these positions, except that of consultant, changes being made monthly.

The scheme of treatment outlined for syphilitics must be extremely flexible to meet the varying individual requirements. It has been adopted as the underlying principle, that no patient should have less than two years of treatment under any circumstances. As a basic rule, it was established that a class beginning treatment in the first few months of infection should be given, when possible, the following minimum amount of treatment. Two courses each of 8 injections of arsphenamine and 20 injections of mercury salicylate, to be followed by two courses each of 12 injections of mercury

salicylate at two month intervals. Any course to be repeated upon indication.

The personnel of the clinic was:

MEDICAL:

Section for Men.—Five doctors, attending one day each week at both morning (9 to 11 A.M.) and evening (8 to 9 P.M.) sessions.

Section for Women and Children.—Four doctors, attending one day each week at the morning (9 to 11 A.M.) session; two doctors, attending one day each week at the evening (8 to 9 P.M.) session; two nurses, attending the morning session, one to assist in the administration of arsphenamine and examination of new patients, and one to administer mercury; one nurse to administer mercury, and to assist doctors at the evening session.

NON-MEDICAL:

One orderly to attend all sessions and sufficient time before and after each session to set up the clinic, and to clean up at the close; one full time social worker to attend all sessions; one full time clerk to attend all sessions; one stenographer to type histories, daily notes, etc., between sessions.

The volume of work done during this period is shown by these figures:

	Men	Women	Children	Total
In active file Dec. 1, 1922.....	256	161	33	450
New cases admitted.....	257	130	28	415
Old cases readmitted.....	94	63	6	163
Total cases treated.....	607	354	67	1028

These 1028 patients made a total number of 11,497 visits during the year: men 6349; women and children 5148. Of these 1028 patients, 44 per cent were in the active file at the beginning of the study, 40 per cent were admitted during the year, and 16 per cent were readmitted having been closed previously. The average made by these 1028 cases was 11.2 visits per person. This figure seems low unless it is remem-

bered that cases considered arrested make only two to four visits each year, some cases are admitted toward the close of the year and even though these attend regularly, the short time to the end of the year helps reduce the general average as do the cases that make only a few visits. Therefore, this figure is not a true index of the general effectiveness of the clinic.

To substantiate this a study was made of the cases admitted during the year previous to this study and it was found that the average visits made during the year of admission (1922) was 9.7, but if these same patients were studied through the subsequent year, the average visits per active case were 19.8 with 23 per cent still active at the end of the second year, and in this latter group the average number of visits was 46.1.

The maximum number of visits a patient should make varies so much in individual cases that it is not possible to state an arbitrary number. It is dependent upon the stage of the disease, the amount of previous treatment, the condition of the patient, etc. Some patients are kept under observation only and are required to make two to four visits a year. A case of recent infection, having had no previous treatment, under our plan of treatment, would be required to make 48 visits the first year, 32 the second year, 4 visits yearly the third and fourth years, and 2 visits yearly subsequently, in the absence of indications for more intensive treatment.

Thus the maximum number required varies from 48 to 2 visits yearly.

LOAD OF FOLLOW-UP WORK.—The percentage of cases that required follow-up efforts² varied from 40 to 47 per cent of all active cases in each quarter: the men varying from 37 to 45 per cent; and the women and children from 33 to 51 per cent, as shown on the following page:

²By the term "follow-up effort," is meant the sending of a note, a letter, or the making of a home visit.

	Per Cent of Men	Per Cent of Women and Children	Per Cent of Total Cases
First Quarter	43	51	47
Second Quarter	37	51	43
Third Quarter	45	33	40
Fourth Quarter	45	43	44

In this follow-up work, the average effort required for each case followed varied from 2.2 to 2.9 (notices or letters) in each quarter; 2.2 to 2.8 for the men; and 1.6 to 3 for the women and children. The average number of notices or letters per case followed is shown in the table below:

	Men	Women and Children	Combined Averages
First Quarter	2.2	2.1	2.2
Second Quarter	2.3	1.6	2.0
Third Quarter	2.8	3.0	2.9
Fourth Quarter	2.2	2.1	2.2

In total numbers the number of follow-up efforts in each quarter varied from 530 to 725—divided as follows: 311 to 456 for the men; and 222 to 269 for the women and children.

	Number for Men	Number for Women and Children	Total Number
First Quarter	311	265	576
Second Quarter	308	222	530
Third Quarter	456	269	725
Fourth Quarter	373	269	642
TOTAL.....	1448	1025	2473

These total efforts were divided as follows:

	Number to Men	Number to Women and Children	Total Number
First Notes	707	572	1279 ^s
Second Notes	292	212	504
Third Notes	118	64	182
One Letter	210	128	338
Two Letters	114	..	114
Home Visit	7	49	56
TOTAL.....	1448	1025	2473

^s This figure exceeds the total number of patients (1028), because a single patient may lapse in attendance several times during course of treatment, and require follow-up at each different lapse.

The relation of follow-up efforts to the total active cases requiring follow-up was the same for both sections, viz., 2.4 follow-up efforts per active case.

RESULTS OF THE FOLLOW-UP.—Comparison of the results of the variations of the follow-up in the four quarters indicate that there was very little difference in the effect on patients. The response varied in the different quarters, being very low in the third quarter (summer) for men, probably due to the season and not to the method of follow-up. Very little variation occurred in the percentage of those making no response. The conclusion is that the effect of the variations of the method employed in the four quarters is negligible in judging the efficacy of a follow-up system and it is fair to first consider the effect on the attendance during the entire year.

In general the women and children returned in greater proportions than the men. The percentage returning after the third note is somewhat less in the women's group, probably because of the greater response to the first and second notes.

The response to the letters is noticeably better with the women and the response of the women to the letter is considerably better than to the third note.

Apparently there will always be an irreducible minimum of lost cases, which divide into two groups: those closed for satisfactory reasons (disease arrested, to other medical care, moved, died, found not to be syphilitic); and those closed for unsatisfactory reasons (no response to follow-up, wrong address, refused treatment). Of the 492 cases closed during this study, 201 or 41 per cent were closed satisfactorily and 291 or 59 per cent were closed unsatisfactorily. However, 536 patients were kept under treatment, making 737 or 72 per cent of the total patients that were properly controlled.

The women and children show a lesser percentage unsatisfactorily closed than the men, 48 per cent as against 65 per cent of the closed cases.

Of the total number of men treated (607), 108 or 18 per cent were closed satisfactorily, and 205 or 34 per cent were closed unsatisfactorily, leaving 294 or 48 per cent that were kept in the active file.

Of the total number of women and children treated (354), 95 or 22 per cent were closed satisfactorily, and 86 or 20 per cent were closed unsatisfactorily, leaving 242 or 58 per cent that were kept in the active file.

SUMMARY

A. Record of follow-up on 1028 patients treated during year:

<i>Per cent of cases</i>			
Active at end of year.....	52	} 72 Satisfactory control	
Closed { Satisfactorily	20		
{ Unsatisfactorily	28	28 Unsatisfactory control	

B. Record of follow-up on 415 new cases during first three months following admission: (See also FIGURE I.)

<i>Per cent of cases.</i>			
	Received Follow-up	Received No Follow-up	Total
Active at end of 3 months...	21	49	70
Closed { Satisfactorily	9	4	13
{ Unsatisfactorily	17	0	17
			83
			Satisfactory control
			Unsatisfactory control

Considering follow-up efforts by mail only, it was found that good results were produced, which may be summarized as follows:

	Number of Notices Sent	Number of Responses	Per Cent of Responses
First Notices	1279	514	40
Second Notices	701	217	31
Third Notices	360	102	28
Fourth Notices	64	10	10

RECORD OF 415 NEW PATIENTS
FOR FIRST 3 MONTHS FOLLOWING
ADMISSION

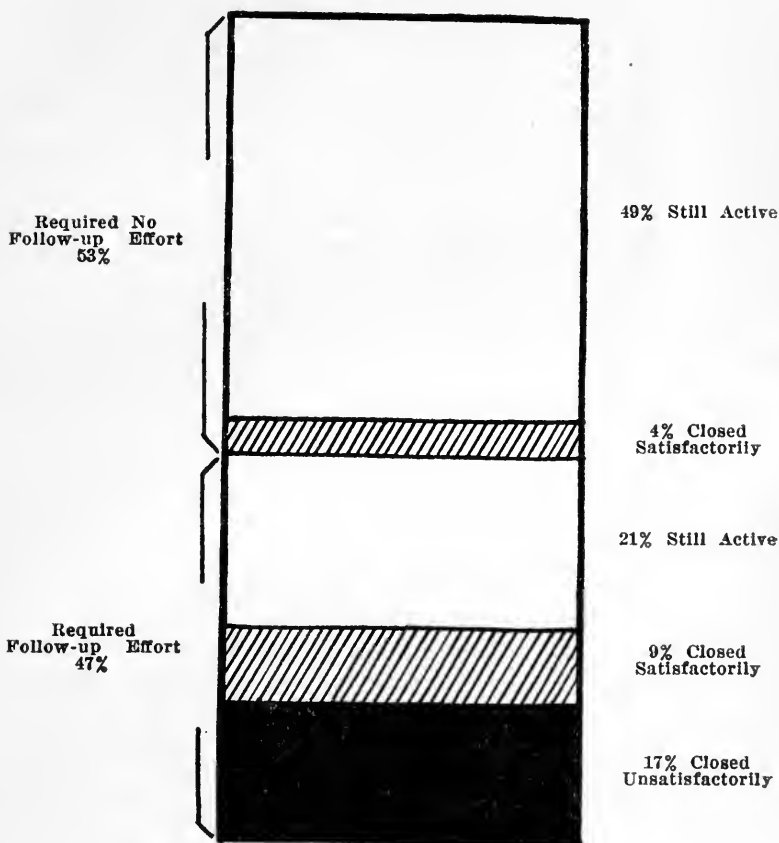


FIGURE I

The results of the follow-up efforts by quarters are shown below:

Men	Total Efforts	Number of Patients Returned	Ratio of Patients Returned to Total Efforts
First Quarter	311	124	40
Second Quarter	308	86	28
Third Quarter	456	125	27
Fourth Quarter	373	111	30
TOTAL	1448	446	31

Women	Total Efforts	Number of Patients Returned	Ratio of Patients Returned to Total Efforts
First Quarter	265	125	47
Second Quarter	222	92	41
Third Quarter	269	95	35
Fourth Quarter	269	101	38
TOTAL	1025	413	40

Total	Total Efforts	Number of Patients Returned	Ratio of Patients Returned to Total Efforts
First Quarter	576	249	43
Second Quarter	530	178	34
Third Quarter	725	220	30
Fourth Quarter	642	212	33
TOTAL	2473	859	35

During two quarters, a fourth notice was sent to men and produced a return of only 16 per cent.

Home visits produced a return of 29 per cent of the women and children on whom they were made, a greater response than the men made to the fourth notice (letter).

The home visits made on the men in the second quarter proved a failure for obvious reasons. Most of the men were single, many living in furnished rooms. The visit failed to establish contact with the patient because they were not at home in the day time and suspicion as to the cause of the visit was aroused, which was obviously not allayed by even a white lie on the part of the social worker. In the case of married men, where the wife was not informed of the husband's disease, it also bred distrust and suspicion and thus operated against the desired object of maintaining control of the patient and ultimately obtaining control of the family.

An important factor of failure in a follow-up system will necessarily be the percentage of wrong addresses given by the patients on admission. In this study, this percentage was low, being only 15 per cent of the cases requiring follow-

up. It was higher in the men's group (18 per cent) than in the women's group (9 per cent), probably because more men lived in furnished rooms and made more frequent changes of abode leaving no forwarding address, and, therefore, not truly false addresses.

This percentage of false addresses nullifies but a very small proportion of the follow-up efforts. Of the 1448 follow-up efforts for the men's group only 4.8 per cent were useless because of wrong address; while in the 1025 follow-up efforts in the women's group, only 2.3 per cent were useless because of wrong address. This made a total of 3.8 per cent of the total 2473 follow-up efforts during the year that were of no effect because of non-delivery of the mailed notice.

The reaction of the patients to the follow-up efforts was most favorable. It pleased them to know that their absence had been noticed and that an interest in their attendance had been taken. In instances where the patient could not respond promptly letters were received explaining the reason for absence (illness of self or in family, change of working hours, absence from the city, etc.); promising to return on a definite date; and thanking the doctor whose name was signed to the notice for the treatment previously given and for the interest shown in them. Also, after the first follow-up had been made, many a patient informed the doctor when leaving town, for instance, that he would not be able to attend for a time. This was noted on his history and thus diminished the number of notes necessary.

With the exception of a greater return of the women's group in response to the letter, than to the third note, the exact form of a notice sent apparently is of little importance. It does seem important that the first notice be sent promptly and that it be followed up. While the patients susceptible to follow-up efforts return in greater proportion to the first note, the response to the second and third notes is large enough to justify sending them. Marking the third note

"Your Last Chance" gives an added stimulus for response by the patient.

As to the amount of work required to maintain this follow-up system: There were a total number of 2404 notes sent out; a monthly average of 200; a weekly average of 47.

This was divided into four notices as follows:

	Total for Year	Monthly Average	Weekly Average
First Notices	1279	109	25
Second Notices	701	59	13
Third Notices	360	30	5
Fourth Notices.....	64	5	1

The following tables show the difference in the amount of work required for the men and for the women and children:

Men	Total	Monthly Average	Weekly Average
First Notices	707	59	14
Second Notices	411	34	8
Third Notices	254	21	5
Fourth Notices	64	5	1
TOTAL	1436	103	28
Women			
First Notices	572	48	11
Second Notices	290	24	6
Third Notices	106	9	2
Fourth Notices .....	..	..	..
TOTAL.....	968	81	19

In addition to the writing of the notices, a small amount of time was required to pick out from the active file the histories of the delinquent patients. This required about one-half hour for each active file, one containing the histories of the men patients, and the other, the histories of the women and children patients, if this were done after the histories of the cases attending that weekly session had been removed. These patients then received the first notice and their histories filed in numerical order behind the file marked "First Notes." The histories of these patients returning at the next session and those who answered by letter or otherwise promising to

return were removed from the note file, thus having, after the next clinic session, only the histories of those who had not responded, left. These were sent the second notice, and of these, those not responding before the end of the next clinic session, received the third notice.

THE COST.—Strictly speaking, the entire management of the clinic, the personal contact with the patient, the technique of interviews and administration of treatment, are all essential parts of an efficient system for maintaining control of patients, and form a necessary background for the success of a follow-up system by mail. Obviously, however, the entire cost of a clinic cannot in fairness be charged solely against the follow-up system. The social worker officially put no time on the mail follow-up, nor did the clerk use her full time for this. The time actually spent each week on the details of the mail follow-up was found to be as follows:

Picking the notes from the file.....	1 hour
Checking the notes on the envelopes.....	½ hour
Writing the notes.....	2 hours
Checking returned notes.....	1 hour
Closing histories.....	1 hour
Mailing notes.....	½ hour
<hr/>	
Total	6 hours

The cost of supplies actually used was \$26.17; postage \$48.08; the proportionate time of the clerk \$36.99; a total of \$119.25, or 4½ cents per mailed notice.

It is very difficult to assess the cost of a home visit. A detailed study of the factors involved is being made and the findings will be issued as a supplementary report.

CONCLUSIONS.—A follow-up system adds to the effectiveness of a syphilis clinic. The percentage of women and children returning to the clinic after follow-up efforts is greater than the men. There is a seasonal variation in response to notes by the men, the summer months showing the lowest number

of returns. The men are more difficult to hold under treatment than the women. Follow-up by mail gave good results. Home visits are of distinct value for women and children. Wrong addresses present only slight difficulty. Patients are very human and react to any sincere efforts on their behalf. The form of notice seems of little importance. Promptness in sending the letter or note is important. The amount of time used in sending the notices is small in view of the results. The personnel of a clinic in a large measure determines its success or failure. If the physicians are considerate, if patients are individualized, if equipment and other facilities are adequate, results will be constant and immediate. The asset of every out-patient department is service.

EDITORIALS

A WELCOME VISITOR

It is a pleasure to welcome to the United States Mrs. Clive Neville-Rolfe, O.B.E., General Secretary of the National Council for Combating Venereal Diseases, London, England. The coöperative relations existing between the social-hygiene organizations of the English speaking world are close. They have many common aims and methods. Their problems are similar; their programs in accord on virtually all fundamental issues. Hence, this visit to America by one who has aided in formulating the public-health policies of a great sister nation, and who has been responsible to a large extent for the administration of these policies, will serve to give the social-hygiene forces of Canada and of the United States many helpful suggestions.

As a guest of the American Social Hygiene Association, Mrs. Rolfe will address audiences in fifteen cities, her final appearance being at the National Social Hygiene Conference in Cincinnati, November 19-22. Following this she will discuss social hygiene with many groups in Canada, the Canadian Social Hygiene Council acting as host.

The British National Council for Combating Venereal Diseases, in granting Mrs. Rolfe a two months' leave, has contributed generously to the cause of international understanding. In return, we shall hope that she will glean enough of interest and value on her tour to more than repay the energy and time which she and the British Council have devoted to this project.

FACTS PLUS IDEALS

Commercial prostitution has largely been driven to cover in the United States. Through better protective measures, more wholesome recreational activities, and a cleaner attitude toward sex morality, the practice of sex promiscuity has been made more difficult than in former days. Still it were idle to maintain that opportunities for indulgence do not exist now. They do—and in sufficient numbers to make the problem a

very real one to a society which aims to protect the basic institutions of home and family.

Hence, the mere imparting of the physical facts concerning reproduction and the organs pertaining to it is but a small part of the training necessarily embraced in the term sex education. The teaching of bare physical facts is in no sense an adequate guide—or guard, for growing youth. A much greater and nobler message must be conveyed if the full duty to youth is to be performed. Clean, high ideals must be inculcated along with the factual information; and the facts must be interpreted in terms of their high values for broadening and enriching life and for the advancement of social wholesomeness. Such an interpretation, of itself, suggests the appropriate ideals and makes their choice attractive without the need of preachments.

Opportunities for lying, cheating, and stealing are constantly present but the character defenses built up and consolidated by church, school, and, perhaps mainly, in the home, serve well to direct youthful energies to honesty and fairness. Too often, however, thoughts and ideals in the matter of sex relations are less efficiently organized and directed by these same three agencies, church, school, and home. The result is a lower plane of consideration and of action.

Honesty is a worthy attribute but should it be more greatly prized than decency? Thrift and moderation may well be part of any child's training but are they of more importance than chivalry and self-respect? Most persons, probably, would return negative answers to these questions but it cannot be gainsaid that our three most influential sources for molding the character of youth are far from realizing their responsibilities in the way of sex education in its broad sense.

When—if ever—church, school, and home unite in an adequate educational program there will be far less need for society to worry about the question of more or fewer opportunities for promiscuity. The high ideals achieved through competent training and example will serve as the greatest of protective social measures.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social Hygiene News and Notes.....	497
The National Social-Hygiene Conference for 1924.....	502
Association Notes	506
Book Reviews, Briefer Comment, and Publications Received.....	508
Social-Hygiene Bibliography	511

The National Council for the Unmarried Mother and Her Child.—

This organization, founded in 1918, with headquarters in London, England, has issued its annual report for 1924. The Council records, in regard to legislation, that the Bastardy Act has been placed on the Statute Book and came into force in October, 1923. The Legitimacy Bill, 1923, secured a Second Reading in the House of Lords but, owing to a dissolution of the government, it never reached Committee stages. Colonel Campion introduced a Bill to provide for the legitimation of children born out of wedlock by the subsequent marriage of the parents to each other. However, before this could secure a Second Reading, Lord Buckmaster introduced a Bill on similar lines in the House of Lords which has passed its Third Reading. The Executive Committee has drafted a further Bill dealing with illegitimate children which it hopes to introduce next year, and several Adoption Bills have been introduced but were checked in progress when a Committee was appointed to inquire into the need for such legislation and the form which it might take.

The Council's propaganda in favor of improved legislation, more residential accommodation for mother and child, and a higher standard of morality is maintained so far as its limited finances permit. The correspondence carried on with the Dominions and foreign countries in regard to comparative legislation and the practical treatment of the unmarried mother and the illegitimate child has been found useful and informative.

Periodic meetings at Carnegie House or at one of the homes which has been affiliated to the Council have been held by the Consultative

Committee on Homes and Hostels in order to see other's methods and to discuss difficulties. The Case Committee has dealt with nearly 600 applications during the past twelve months and believes that the usefulness of the Individual Cases Department steadily increases. The Council is supported by subscriptions and donations and is seeking a new officer to assist in putting it on a better financial footing as Lady Muspratt finds herself unable to accept permanent office as Deputy Hon. Treasurer.

Boston University School of Education Offers Course.—Beginning September 29th, the Boston University School of Education opened a course of fifteen lectures given on Mondays, 4:15–5:15 p.m. by Professor Ernest R. Groves, on Social Conditions of the Home, and Family Adjustment. This course is of special value for those starting home-making, for parents, social workers, lawyers, teachers, and students of present-day social life.

Health Education in Marshall County, West Virginia.—Conditions in Marshall County, West Virginia, were such that Miss Francina McMahon, field secretary for the Marshall County Tuberculosis Association, came before the local Medical Association and requested the members to write papers for a booklet, the object of which was to teach the people in Marshall County how to prevent and control communicable diseases. Miss McMahon thought that the average family has more faith in its own physician than in most any other person, and that articles written by them would be of more weight than if prepared by physicians outside the state. This request resulted in a booklet, *Health Education*, containing instructive papers on gonorrhea, syphilis, sex instruction, infant mortality, tuberculosis, etc., simply and vividly written, but direct to the point and in such a manner that the veriest layman could not fail to be interested or to understand.

Venereal-Disease Control in Belgium, 1924.—During the five years the State dispensary for treatment of syphilis and gonorrhea has been in existence, 57,674 consultations referring to 3319 cases have been recorded. The net result, says Dr. R. Bernard, chief surgeon of the state dispensary at the Parc Leopold clinic, in his report on venereal-disease activities in Belgium, is that syphilis is diminishing while

gonorrhea has remained much the same. It is thought that gonorrhea has not diminished partly because it has been considered a slight trouble and antivenereal propaganda has been directed, especially, against syphilis. Also, there appear to be more sources of gonorrheal contamination available than of syphilis and many old cases of gonorrhea come back to seek advice in consequence of antivenereal propaganda. The venereal diseases have been combated by treatment and by moral education but as syphilis, only, has decreased, the author concludes the decrease is due entirely to therapeutic treatment.

Social-Hygiene Reading List.—The September number of the *Public Charities Association Herald* of Pennsylvania, of which George R. Bedinger is Editor, has published a social-hygiene reading list of books, the compilation having been made by the American Social Hygiene Association. The reading list on Mental Hygiene, published in the June *Herald* aroused so much interest among readers that the Editor was prompted to publish the social-hygiene list.

England Lifts Ban on Play by Shaw.—The Lord Chamberlain has removed the ban which his predecessor in 1902 placed on George Bernard Shaw's *Mrs. Warren's Profession* and the twenty-two-year-old play, which formerly was deemed unfit for public production, will be put on in London. *Mrs. Warren's Profession* was presented in New York on October 30th, 1905, and so sensational were the comments on it that thousands were turned away from the box office.

Atlanta Social-Hygiene Institute.—At the request of the Atlanta Christian Council there will be held a five-day social-hygiene institute, during the week of November 24th, in which the American Social Hygiene Association will coöperate. The program includes five sessions each on legal, protective and educational measures, two on medical measures, with seven round table discussions on a variety of social-hygiene problems, and a number of film showings. The evening sessions will be devoted to addresses by national and local leaders on such topics as "Social Hygiene Problems of Adolescents," "The Venereal Diseases as a Public-Health Problem," "Modern Trends in Family Life," "The Church's Part in the Social-Hygiene Movement." Four staff members of the Association—Dr. Valeria H. Parker, Mr. George E. Worthington,

Dr. Walter M. Brunet and Mr. Newell W. Edson will give supplementary local talks and will take an active part in the program.

Social-Hygiene Work in Kentucky.—The Parent-Teacher Association of Kentucky has appointed Mrs. F. C. Corl to the chairmanship of its Social-Hygiene Committee. Mrs. Corl is a director of the Women's Social Hygiene Association of Kentucky. This organization, with Mrs. Elsie Zinsmeister as president and Miss Margaret Flynn as secretary, is planning for an active year of social-hygiene work, particularly in the legislative and educational fields.

The International Migration Service.—This international organization with headquarters in London and offices in Warsaw, Prague, Athens, Piraeus, Constantinople, Copenhagen, Paris, Havre, Cherbourg, Marseilles and New York, is attempting to develop a means for discovery of the extent and nature of international social difficulties and a method of dealing with them. With the growth of an international point of view, it is becoming increasingly evident that while the obligation of one country may end as soon as a prostitute is beyond its borders, the obligation of people interested in social hygiene, in whatever country they may be, has not ceased.

The social section of the League of Nations, the Committee on the Traffic in Women and Children, is dealing with some of these questions, but the work must probe further than the legislative attempt, there being want of a system of international social service striving from an international point of view to develop channels for meeting these problems. The International Migration Service is beginning to fill this need, and coöperates fully with the social section of the League, as in 1921, when the secretary of the Service was present at the International Conference on the White Slave Traffic.

International case work involving social-hygiene problems is but one phase of the work of the International Migration Service, and the more general work of all the bureaux and of the organization as a whole is divided into the main sections of service to residents of one country who have international difficulties, such as necessary adjustments of questions of property, citizenship, guardianship and care of children, when these problems extend into more than one country; secondly, service is given to actual migrants and this division is particularly important from the social-hygiene point of view, for the

dangers to the ignorant migrant from pimps and procurers are well known; and thirdly, a research department has been established to discover the extent of the many problems involved and to study questions of legal import, such as conflicting citizenship laws of various countries.

The International Migration Service coöperates closely with existing local and national organizations, such as International Institutes, Travelers' Aid, the Council of Jewish Women, etc., for the help each is best fitted to render, so there is no duplication of work. Conversely, the Service is consulted by many such agencies when they have need of international aid. The Service gives its work without remuneration. Since 1921, it has formed an integral part of the World's Y. W. C. A., but the growing need for further exploration of the field of international social service has pointed out the necessity for work done on non-sectarian, non-political lines, for both sexes. So on October first, 1924, the organization became independent, with an initial appropriation made by the Laura Spelman Rockefeller Memorial, and an international as well as an American committee. The case of little Armenian Satenig is an interesting illustration of the work of the Service.

Taken into the interior of Turkey and mistreated by a nomadic tribe, she was found by the Near East Relief when she was eight years of age. Her father, who had long since thought her dead, was discovered to be a prosperous American citizen and he sent for her immediately. Physically well developed, she, nevertheless, had the shyness of a child of three especially when approached by a man. She was terrified at the officials on the island and sure they were going to mistreat her in the way to which she was accustomed. So, despite the regular attempt made to allow for fear, when testing immigrants, she was classified as feeble-minded and ordered deported. Her father appealed to the International Migration Service to take the child from the boat and care for her. A cable was sent to the Paris office, Satenig was met, and put in charge of a psychologist who discovered that she had syphilis as a result of her early life, but that she responded well to the mental test given her over a long period of time. So, through the aid of the International Migration Service, she received the necessary treatments for syphilis and underwent a mental-hygiene program to help change the effects of the impressions of her early years.

New Headquarters for Hospital Social Workers.—The American Association of Hospital Social Workers announces that since October first, its headquarters have been located at 30 East Ontario Street, Chicago, Illinois.

NATIONAL SOCIAL HYGIENE CONFERENCE FOR 1924

Under the Joint Auspices of the American Social Hygiene Association and the Cincinnati Social Hygiene Society

HOTEL GIBSON, CINCINNATI, OHIO, NOVEMBER 19-22, 1924

WEDNESDAY, NOVEMBER 19

Opening Meeting 8:15 P.M. Hotel Gibson

INTRODUCTION OF CHAIRMAN.....DR. WILLIAM S. KELLER

President, Cincinnati Social Hygiene Society, Cincinnati

CHAIRMAN'S REMARKS.....DR. EDWARD L. KEYES

President, American Social Hygiene Association

WELCOME TO DELEGATES.....HON. GEORGE C. CARRELL

Mayor, City of Cincinnati

C. M. BOOKMAN

*Executive Secretary, Community Chest, Council of Social Agencies,
Cincinnati*

ADDRESS—The International Significance of Social Hygiene

MRS. CLIVE NEVILLE-ROLFE

*General Secretary, National Council for Combating
Venereal Diseases, London, England*

INTRODUCTION OF GUESTS.....DR. WILLIAM F. SNOW

General Director, American Social Hygiene Association

RECEPTION REFRESHMENTS

THURSDAY, NOVEMBER 20

10:00 A.M. Cincinnati Woman's Club Auditorium

(643 Oak Street. Take Zoo-Eden car at Fourth and Main Streets)

RECREATION AND PROTECTIVE MEASURES

CHAIRMAN MRS. ALBERT CAPELLE

*Chairman, Department of Civics, Cincinnati Woman's Club,
Cincinnati*

ADDRESS—The Protection of Youth.....MISS GRACE ABBOTT

*Chief, Children's Bureau, U. S. Department of Labor,
Washington, D. C.*

DISCUSSIONS:

EUGENE LIES.....*Special Representative, Playground
Association, Chicago, Illinois*

MISS JESSIE F. BINFORD.....*Director, Juvenile Protective
Association, Chicago, Illinois*

12:30 Noon. Luncheon at Cincinnati Woman's Club
(Open to Delegates, Visitors and Woman's Club members; President,
Mrs. Albert J. Bell, Cincinnati Woman's Club, presiding)

2:00 P.M. Auditorium Woman's Club

CHAIRMAN.....MRS. CLAUDE M. LOTSPIECH
Chairman, Department of Education, Cincinnati Woman's Club,
Cincinnati

ADDRESS—Educational Relationships of a Social-Hygiene
ProgramLOUIS A. PECHSTEIN
Dean of College of Education, University of Cincinnati
Attitude of Women's Organizations of Cincinnati expressed
in three-minute addresses by the Presidents of:

WOMAN'S CITY CLUB
FEDERATION OF MOTHERS' CLUBS
CATHOLIC WOMEN'S ASSOCIATION
COUNCIL OF JEWISH WOMEN
LEAGUE OF WOMEN VOTERS
BUSINESS WOMAN'S CLUB

3:15 P.M. Auditorium Woman's Club

ADDRESS—Building for Social Health...MRS. ANNA GARLIN SPENCER
Special Lecturer, Columbia University, New York City

8:15 P.M. Hotel Gibson

CHAIRMAN.....DR. WILLIAM F. SNOW
General Director, American Social Hygiene Association

ADDRESS—The Trend of Social-Hygiene Study
DR. KATHARINE BEMENT DAVIS
General Secretary, Bureau of Social Hygiene, New York City

FILM—PROTECTIVE SOCIAL MEASURES

MOTION PICTURE DISCUSSION.....DR. J. J. HEAGERTY
Chief, Division of Venereal-Disease Control, Dominion
Department of Health, Ottawa, Canada

FRIDAY, NOVEMBER 21

10:00 A.M. Hotel Gibson

POLICEWOMEN AND PROTECTIVE SOCIAL MEASURES

CHAIRMAN.....MRS. GUY A. TAWNEY
President, Woman's City Club, Cincinnati

ADDRESS—The Policewoman as a Protective Agent

MRS. MINA C. VAN WINKLE

Lieutenant, Metropolitan Police Department, Washington, D. C.

DISCUSSIONS:

MISS ELEANOR HUTZEL.....*Deputy Commissioner, Women's
Division, Police Department, Detroit, Michigan*MISS INAH H. PETERSON....*Director, Woman's Work, Police
Department, Wichita, Kansas*MRS. RUTH I. WORKUM...*Executive Secretary, Ohio Humane
Society, Cincinnati*

2:00 P.M. Medical College

MEDICAL MEASURES

CHAIRMAN.....DR. HENRY PAGE

Dean of the Medical College, University of Cincinnati

ADDRESS—Medical Research in the Field of Venereal-

Disease Control.....DR. EDWARD L. KEYES
President, American Social Hygiene Association

DISCUSSIONS:

DR. MARTIN F. ENGMAN...*President, Missouri Social Hygiene
Society, St. Louis, Missouri*DR. J. E. MONGER.....*State Commissioner of Health,
Columbus, Ohio*DR. WILLIAM H. PETERS....*Board of Health, Cincinnati, Ohio*DR. C. ALESHIRE NEAL.....*Health Commissioner, Hamilton
County, Ohio*

4:00 P.M. Medical College

SOCIAL HYGIENE PUBLICITY

CHAIRMAN.....CHARLES E. MINER

*Executive Secretary, Missouri Social Hygiene Society,
St. Louis, Missouri*Fifteen minute discussions, with sample copies of publications on
exhibition:DR. JOSEPH S. LAWRENCE.. *New York State Health Department,
Albany, New York*WILLARD C. SMITH.....*U. S. Public Health Service,
Washington, D. C.*DR. GORDON BATES.....*General Secretary, Canadian Social
Hygiene Council, Toronto, Canada*

BERNARD C. ROLOFF.....*Executive Secretary, Illinois Social Hygiene League, Chicago, Illinois*

RAY H. EVERETT.....*Department of Public Information, American Social Hygiene Association*

6:30 P.M. Dinner, Hotel Gibson

PRESIDING.....DR. WILLIAM S. KELLER
President, Cincinnati Social Hygiene Society, Cincinnati

ADDRESS.....SURGEON-GENERAL HUGH S. CUMMING
U. S. Public Health Service, Washington, D. C.

8:15 P.M. Hotel Gibson

(Joint meeting with Council of Social Agencies Department,
Cincinnati Community Chest, Cincinnati)

CHAIRMAN.....JULIAN RATH
President, Council of Social Agencies Department, Cincinnati Community Chest, Cincinnati

ADDRESS—Social Hygiene and Public Health.....LEE K. FRANKEL
Chairman, National Health Council, New York City, Second Vice-President, Metropolitan Life Insurance Co.

FILM—THE HEALTH TWINS AT WORK

SATURDAY, NOVEMBER 22

9:45 A.M. Hotel Gibson

SOCIAL HYGIENE EDUCATION

CHAIRMAN.....EDWARD D. ROBERTS
Acting Superintendent of Schools, Board of Education, Cincinnati

OPENING REMARKS.....DR. JOHN M. WITHROW
Chairman, Citizen's School Committee. Formerly, President, Board of Education, Cincinnati

ADDRESSES:

EDUCATION OF THE YOUNG.....THOMAS W. GALLOWAY
Educational Associate, American Social Hygiene Association

EFFORTS OF THE CINCINNATI SOCIAL HYGIENE SOCIETY

E. F. VAN BUSKIRK

Executive Secretary, Cincinnati Social Hygiene Society

OPENING DISCUSSION.....MAURICE A. BIGELOW
Director, School of Practical Arts, Teachers College, Columbia University, New York City

12:30 Noon

Small groups may arrange luncheon parties and later in the afternoon may visit institutions and other places of interest. Arrangements of this kind may be made at headquarters, Hotel Gibson.

Delegates and visitors are invited to visit the office of the Cincinnati Social Hygiene Society, 25 East 9th Street, at any time during the Conference.

The Conference Program, although subject to changes, has been planned as above.

ASSOCIATION NOTES

A reduction to one and one half fare will be granted in the Central Passenger Association territory to members of the American Social Hygiene Association (and representatives of recognized allied agencies) who attend the National Social Hygiene Conference at Cincinnati, November 19-22, *provided* not less than 250 persons purchase tickets at starting places from which the regular one-half fare to place of meeting is not less than sixty-seven cents. Tickets are good for return trip by the same route, only, and are not good on limited trains. Persons attending the Conference should secure a *Certificate* when purchasing ticket. These *Certificates* must be endorsed by Mrs. Sally D. Hanshue and validated by a special agent of the railroads both of whom will be present at headquarters, Hotel Gibson, on the days of the Conference from 8.30 A.M. to 5.30 P.M. The dates vary slightly but, in general, tickets may be purchased and a *Certificate* obtained upon request between the dates of November 15 to 21 and return tickets will be good until November 26th.

Conference headquarters will be at Hotel Gibson, Fourth and Walnut Streets, rooms \$3.00 and up, and members are urged to make reservations in advance. Hotels in close proximity to headquarters are: Hotel Sinton, Fourth and Vine Streets, rooms \$3.00 and up; Havlin Hotel, Vine and Opera Place, \$3.00 and up; Hotel Metropole, Sixth and Walnut Streets, \$1.75 and up; and the Grand Hotel, Fourth and Central Avenue, \$2.00 and up.

* * * *

Doctor Bertha Chapman Cady addressed the Convention of the South Dakota Parent-Teacher Associations on September 16th and 17th. She spent the two following weeks in conducting study

groups on sex education at Huron College, the State University at Vermillion, and several other colleges and teacher training schools. Through a coöperative plan Dr. Cady is acting as lecturer for the Social Hygiene Committee of the National Congress of Parents and Teachers. Arrangements are in process of formation by which she will visit a number of states during the coming months.

* * * *

Owing to the increasing demand for *The Way Life Begins*, by Bertha Chapman Cady and Vernon Mosher Cady, it has been found necessary to print a third edition. The Association has just issued a revised *Catalog of Social Hygiene Motion Pictures, Slides and Exhibits*, (Publication No. 465). A price list is enclosed and the catalog contains brief descriptions of social-hygiene motion pictures, slides, and poster exhibits, together with directions for obtaining them. A corresponding booklet *List of Publications* (No. 242), containing descriptions of social-hygiene books, pamphlets, and reprints, has also been re-edited and printed for distribution.

* * * *

A course in Social Hygiene was given in July, at the summer school of the University of Utah, by Mr. Newell W. Edson of the Association's Department of Educational Measures. The course was for credit and enrolled about one hundred men and women, the majority being educational administrators, and one-fourth of whom were graduate students. The students met for fifteen sessions, five of which were devoted to class discussion of adolescent sex-social problems. The class used Dr. Thomas W. Galloway's *Sex and Social Health* as a text and supplemented that by much written work and by reviews of eight books on character, three committees reporting on various phases of character. An attempt was made to combine both theory and practical methods in sex education. The interest of the students was keen and the University considered this institute of such value that it has planned the course for another year.

* * * *

Dr. Edith Hale Swift, of the Association's staff, left for Vermont on September 30th to spend two or three months in that state to do a significant demonstration work. With the full coöperation of the State Department of Education and the Department of Home Economics of the University of Vermont, she is to give courses of lectures to the students and teachers of the high schools.

She will lecture also, to some extent, in the upper grades of the grammar schools. The purpose of this demonstration is not only to bring to the students timely and needed education in the field of social hygiene, but to encourage the school authorities and teachers to integrate social-hygiene teaching in the school curriculum in connection with the subjects to which sex has a natural relation.

BOOK REVIEWS

THE INNOCENTS. By Henry Kitchell Webster. Indianapolis: The Bobbs-Merrill Company, 1924. 345 p. \$2.00.

As in some of his other books, Mr. Webster has chosen the life of a typical American family around which to build his story. The principal character is Edward Patterson, Junior, the eighteen-year-old son of the household, and it is with his reactions towards the various things which happen to him during one summer that the book chiefly deals.

Edward could not pass his Latin examinations, and so could not graduate from high school with his class. This was a source of great mortification to his family, and particularly to his father, Edward Patterson, Senior, who had experienced no difficulty with Latin, either in high school or in the small college from which he had graduated to take a position, which he still holds, as cashier of an insurance agency. What makes the case of Edward, Junior, particularly exasperating to his father is the fact that his failure in Virgil is due to an all-absorbing interest in radio, which Mr. Patterson considers a waste of time and money. When Edward uses his allowance to buy materials for an invention he is striving to perfect, and charges to his father's account some necessary clothing which was supposed to be purchased with the allowance, Mr. Patterson considers that the limit has been reached. At this juncture a well-to-do friend of the family steps in and offers Edward the job of building a radio for his country place, and after that it is all plain sailing. The first order brings others, with a net result for the summer's work of cash enough to pay Edward's expenses for his freshman year in an engineering course at a college where Latin is not required. Mr. Patterson comes to see that his son's proficiency at wireless is not without value, and all ends happily.

If this were all, one would put the volume on the shelf beside the Alger books, but Mr. Webster has woven into his account of these

three months of a boy's life much that actually happens to a boy besides radio and conflict with parental and educational authority. There are the dreams, the aspirations, the "long, long, thoughts" of youth, the sudden spurts of ambition generated by an active mind, and the corresponding periods of languor demanded by a growing body. There is the boy's pride in himself, in success, and his utter disgust when he fails. And there are girls, several of them, ranging from his sister Edith, who is "a good kid," to Hazel, who falls in with him at the movies and urges a lip-stick-flavored kiss on him in the seclusion of a parked automobile. Agatha, his sister's friend, and his own childhood playmate, is the daughter of his radio benefactor, and the logical mate for Edward if he were old enough to seriously consider mates. Then there is Marion, governess to Agatha's young brothers, older than Edward, hungry for excitement, attractive, intriguing. Edward's feelings towards girls are about what would be expected of any healthy radio-fan of eighteen. They interest him, sometimes vitally, out of working hours, and in Marion's case he becomes rather deeply involved, but is extricated through her sense of fairness. And they all fade out when he gets his hands on an induction coil or a loud-speaking apparatus.

The other of the "innocents," Edward's father, is said to be having an illicit affair with a charming Mrs. Ingraham who lives next door to the Pattersons, but there is little circumstantial evidence. One deduces the situation from Mrs. Patterson's hurt feelings and Edith's innuendoes. This part of the story is vague and unconvincing, and serves poorly as a parallel to Edward and his bright youth. Mrs. Patterson is very lightly sketched. Indeed, that may be said of all the characters except Edward, but as the story is about him, perhaps that is as it should be.

Whether or not Mr. Webster intends to be a propagandist, he has surely set forth some excellent, though not new, theses in his latest work: That educational authorities do not give proper consideration to the natural mental tendencies of our youth; that they often serve to heckle rather than to guide, "To Edward it seemed as if his teachers . . . had been trying to trip him up rather than to teach him"; and finally, that a normal, healthy boy will steer a safe course through the many problems of adolescence, provided he is busy at something he likes. It is a good book, making up its

obviousness by its sincere and accurate picture of a boy's mind and heart and body. One suspects that Mr. Webster was once a boy himself, and from the glibness with which he reels off wireless terms, a radio-fan.

J. B. P.

BRIEFER COMMENT

THE HOSPITAL SITUATION IN GREATER NEW YORK. Prepared by E. H. Lewinski-Corwin for the Public Health Committee of the New York Academy of Medicine. New York: G. P. Putnam's Sons, 1924. 356 p. \$5.00.

Report of a survey of the hospitals in New York City made by the Public Health Committee of the New York Academy of Medicine. Although the study was confined to hospital conditions in New York City, the volume contains many subjects which have an application to all localities, as for instance, the problem of illness in its relation to hospitals and home life; the adequacy of hospitals to a given population; ambulance work; the make-up of hospital staffs; the costs of hospital construction; the character of hospital records. The book contains a number of illustrations and a splendid index.

HOW IS YOUR HEART? By S. Calvin Smith. New York: Boni and Liveright, 1924. 208 p. \$1.75.

The author has given this book the subtitle *Intimate talks on the Prevention of Heart Disease and on the Care of an already Damaged Heart*.

The popular style in which the book is written holds the interest of the reader, and the marginal notes with their catchy phrases compel attention of any who pick it up. That "heart disease" is no longer a term of terror, that the heart can *protest* without necessarily being *diseased*, that heart affections are frequently secondary to other conditions, that a defective heart does not condemn the patient to a life of inactivity are some of the happy conclusions.

AN INTRODUCTION TO THE STUDY OF THE MIND. By William A. White. Washington, D. C.: Nervous and Mental Disease Publishing Co., 1924. 116 p. \$2.00.

A short, readable introduction to the study of the mind intended for the use of medical students, social workers and all interested in mental hygiene. This book on psychology written by a psychiatrist is presented in short chapters and so clearly stated that it is easily understood by people without special technical training. A full index adds much to the value of the book.

RURAL SOCIAL PROBLEMS. By Charles Josiah Galpin. New York: The Century Co., 1924. 286 p. \$2.00.

The first of the Series of Rural Life Books emphasizing the human element in the problem of agriculture and country life. In the past, rural finance has been the dominant issue and the humanizing forces have been neglected. The author believes that this is changing and is hopeful for the future. The text is lightened with many stories illustrating what has been done in the rural communities and the possibilities for making life fuller and more worth while.

THE UNMARRIED MOTHER AND HER CHILD IN ENGLAND AND WALES. Compiled by The National Council for the Unmarried Mother and Her Child. London: 1924. 20 p. 6d.

A pamphlet describing how the problem of the illegitimate child and its mother is being met in England from the standpoint of infant welfare and "rescue work." The gist of the laws which regulate the care and support of the child is clearly stated. What is being done to assist the mother by providing housing accommodations and help with the care of the child while the mother is working is briefly outlined. Under the heading "Abnormal Cases," is shown how the problem of making satisfactory arrangements for employment and housing is complicated when venereal disease is present.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

COMMONSENSE OF HEALTH. By S. M. Rinehart. New York: George H. Doran Co., 1924. 307 p.

DISORDERS OF THE SEXUAL FUNCTION. By Max Hühner. Philadelphia: F. A. Davis Co., 1924. 326 p.

ECONOMICS OF FATIGUE AND UNREST AND THE EFFICIENCY OF LABOUR IN INDUSTRY. By P. Sargant Florence. New York: Henry Holt & Co. 426 p.

EVOLUTION OR CHRISTIANITY? By William A. Goldsmith. St. Louis: Anderson Press, 1924. 144 p.

FOOD AND HEALTH. By Inez N. McFee. New York: T. Y. Crowell Co., 1924. 345 p.

HEALTH AS A HERITAGE. By Ralph E. Blount. Boston: Allyn & Bacon, 1924. 44 p.

INTRODUCTION TO THE STUDY OF THE MIND. By William A. White. Washington, D. C.: Nervous and Mental Disease Publishing Co., 1924. 116 p.

RURAL SOCIAL PROBLEMS. By Charles J. Galpin. New York: The Century Co., 1924. 286 p.

THE UNMARRIED MOTHER AND HER CHILD IN ENGLAND AND WALES. Compiled and published by the National Council for the Unmarried Mother and Her Child. London: 1924. 20 p.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

THE NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- | | |
|---|---|
| <p>BICKEL, B. Workmen's compensation acts as related to syphilis. <i>Venereal disease information</i> (U. S. Public health service), 5:377-83, August 20, 1924.</p> | <p>CUMMING, H. S., M.D. The part the social worker plays in the work of combating venereal disease. <i>Hospital social service</i>, 10:107-13, September, 1924.</p> |
|---|---|

- FOX, MRS. E. P. Social hygiene educational work in Virginia. *Social pathology* (U. S. Public health service), v. 1, no. 4, p. 150-55.
- GRAY, C. B. Syphilis: the disease of diseases. *Boston medical and surgical journal*, 191:529-36, September 18, 1924.
- GEDDES, SIR A. C. The prevention of venereal disease. *Public health* (London), 37:321-22, September, 1924.
- GOODMAN, H., M.D. List of supplies for syphilis ward service. *Urologic and cutaneous review*, 28:528-31, September, 1924.
- HAYDON, J. A. P. Labour and its relation to social hygiene. *Public health journal* (Toronto), 15:360-63, August, 1924.
- HEAGERTY, J. J., M.D. The necessity for a medical certificate of physical and mental health as a prerequisite to the securing of a marriage license. *Social welfare* (Toronto), 6:242-43, September, 1924.
- KELLEY, E. R., M.D. AND PFEIFFER, A. Some special features of Massachusetts' program for venereal disease control. *Journal of the American medical association*, 83:913-16, September 20, 1924.
- LEWIS, O. M. The responsibilities of a general hospital in the control of venereal disease. *Boston medical and surgical journal*, 191:524-28, September 18, 1924.
- MOORE, J. E., M.D., ROBINSON, H. M., M.D., AND LYMAN, R. S., M.D. The results of tryparsamide therapy in syphilis. *Journal of the American medical association*, 83:888-91, September 20, 1924.
- RANSOME, A. C. Sex education in the home. *Social pathology* (U. S. Public health service), v. 1, no. 4, p. 132-38.
- ROXBURGH, A. C., M.D. Venereal diseases and their relation to maternity and child welfare. *Public health* (London), 37:313-19, September, 1924.
- SCHUMANN, E. A., M.D. The relation of venereal diseases to childbirth. *American journal of obstetrics and gynecology*, 8:257-65, September, 1924.
- SMITH, H. M., M.D. Observations on the Wassermann test. *Southern medical journal*, 17:676-78, September, 1924.
- SOLOMON, H. C., M.D. AND VIETS, H. P., M.D. A comparison of tryarsamide and other drugs in treatment of neurosyphilis. *Journal of American medical association*, 83:891-96, September 20, 1924.
- Symposium on syphilis. *Medical journal and record*, 120:lxxxi-xcvi, September 17, 1924.
- VAERTING, M. The dominant sexes. *Nation*, 119:280-82, September 17, 1924.
- VAN WINKLE, M. C. The police-woman. *Survey*, 52:629-31, September 15, 1924.
- VERNON, C. W. The church and social hygiene. *Public health journal* (Toronto), 15:348-51, August, 1924.
- WALKER, JANE, M.D. The control of venereal diseases in Great Britain. *Social pathology* (U. S. Public health service), v. 1, no. 4, p. 158-60.
- WRIGHT, M., M.D. The incidence of hereditary syphilis in a hospital community. *Boston medical and surgical journal*, 191:536-39, September 18, 1924.

Journal of Social Hygiene

VOL. X

DECEMBER, 1924

NO. 9

THE MORAL ASPECTS OF SOCIAL HYGIENE

SIR ARTHUR NEWSHOLME, K.C.B., M.D.

*Formerly Principal Medical Officer of the Local Government Board, Member of
the Royal Commission on Venereal Diseases, and Lecturer on Public Health
Administration, School of Hygiene, Johns Hopkins University*

Like many other words, the term "social hygiene" in the course of time is tending to become specialized and consequently limited in its significance, although still employed in its wider sense. In this sense it means the entire range of social activities which can be brought to bear to improve national or personal health; and it thus embraces, for instance, the problems of ignorance, of destitution, of housing, and of alcoholism. In recent practice, however, the term has been employed to denote the special problems of health connected with sexual life in civilized communities; and thus used, it is concerned with illegitimacy, with divorce, with mental deficiency, and with allied difficulties of family life, as well as with the study of the causation and means of prevention of venereal diseases.

In the present communication the term "social hygiene" is used with special reference to the problems involved in the control of venereal diseases. Of the three chief enemies in temperate climates to life and health—venereal diseases, cancer, and tuberculosis—it is probable that venereal diseases are the most lethal. Unlike cancer, venereal diseases are

entirely preventable, given the adoption of measures immediately within the competence of mankind; and in this respect they differ from tuberculosis, the control over which, although steadily increasing, necessarily is slower and necessitates more complex measures.

DISEASES ALREADY CONQUERED.—The history of the conquest of man over disease is profoundly interesting not only to the hygienist but also to all social workers, for the success of their work and the further success of the hygienist are closely inter-dependent. Past success in public-health work has been secured in the main by discovery of the sources of mischief, and by application of all measures available for their control and their prevention. The greatest triumphs of preventive medicine have been in respect of those diseases, like typhus, typhoid fever, yellow fever, and malaria, in which the vectors of infection have been inhibited from action, and in which active preventive work on the part of a limited portion of the community has been competent to influence the fate of the multitude. When, as in the special case of smallpox, it has been possible to combine the inhibition of infection by means of active sanitary administration with the immunization of all willing to be vaccinated, it has been possible to forecast the extinction of a given disease; and there is hope that ere long diphtheria may be classed with smallpox in this respect.

IGNORANCE AND UNWILLINGNESS TO ACT.—There remain, however, great sources of disease, which we know, and which are removable, but the removal of which is delayed and very partial, owing to ignorance on the part of many, and unwillingness on the part of many more to act on the knowledge they already possess.

The indifference and incompetence of sanitary authorities in the control of controllable diseases, for example, typhoid fever or malaria, may result from ignorance; but the ignorance is seldom complete. It is oftener a parsimonious refusal to accept the conclusions of science and the recommen-

dations of skilled advisers, because of the immediate expense needing to be faced; and in this attitude it is often difficult to determine where ignorance ends and refusal to carry out an obvious duty begins.

In the prevention of preventable diseases, not hitherto prevented, we are largely concerned with moral factors, some of which are considered in this contribution.

ALCOHOLISM AND VENEREAL DISEASES.—Among such factors alcoholism in most countries stands highest. It is a chief cause of disease, of vice, of crime, and of destitution. The United States have set an example to the world in making this in their own country a minor source of these terrible social ills. In so doing they have greatly facilitated all other measures calculated to diminish the incidence of venereal diseases. In other countries alcoholism and venereal diseases are so closely related that in large measure the action required to reduce one will lessen the other; and together these two evils form the greatest obstacle in our midst to health, happiness, and prosperity. It is, therefore, incumbent on all social reformers increasingly to devise and advocate measures for their restriction and control. That this control, especially of venereal diseases, must be on the moral plane, is the contention which is emphasized in this article.

HISTORICAL REVIEW.—In respect of most problems the best cure for pessimism is a careful study of their history; and the history of the control of venereal diseases forms an adequate answer to those who suggest that ideals of sexual morality have not improved. Behind these diseases, and forming for practical purposes their sole source, is the practice of sexual promiscuity, and especially of prostitution, i.e., sexual vice either directly commercialized or in which forms of payment other than monetary are made. Struggles to satisfy the two great passions of humanity—food hunger and sexual hunger—occupy a large space in the history of the world, and communal history consists largely in the settlement of complications arising out of these passions, including the enforcement

of restrictions on sexual license, just as in the world of production and of barter and sale increasing efforts have been necessitated for diminishing the exploitation of the weak by the strong.

In primeval times incest was tabooed, and general promiscuity gave way to polygamy. Among the ancient Jews the ritual prostitution prevalent among surrounding nations was forbidden, and polygamy, with rigid enforcement of the chastity of women, was practiced. The Greek civilization was characterized by the institution of monogamy, which, whether viewed in the interest of society or from the standpoint of purity, was a notable advance in humanity. But although Greek literature contains some of the most beautiful instances extant of virgin modesty and conjugal fidelity,¹ the implied inferiority of women continued, the courtesan and the concubine entered largely into social life, and the worse conditions enumerated in the first chapter of the Epistle to the Romans were rife, as they were later in imperial Rome.

Running through the story is the influence of the Neo-Platonic and Pythagorean philosophies, which appear to have agreed in regarding the body with its passions as essentially evil. The teaching of post-apostolic Christians was imbued with these doctrines. Marriage, for instance, was regarded by Jerome as praiseworthy merely because it produced virgins, the end of the saint being to "cut down by the axe of Virginité the wood of Marriage."²

CONTROL OF PROSTITUTION.—Prostitution was commonly regarded as a necessary evil, St. Augustine holding that if it were abolished greater evils would spring up. Here was evidence of an appreciation of the vicarious character of the prostitute, to which further reference is made in a later paragraph. The ascetic ideal stressed by early theologians had a noxious influence on the sanctity of marriage; and the

¹ See, for instances, *Lecky's History of European Morals from Augustus to Charlemagne*.—Ed. 1911, p. 118.

² Loc. cit., p. 135.

implication that marriage is impure persisted in the clerical history of the Middle Ages. In the sixth century, in one province, women were forbidden to receive the eucharist with their naked hands, an indication of the extent to which the belittlement of women by priests would go under the influence of a false doctrine of purity.

The development of moral opinion as regards prostitution is illustrated in the fact that in 1161 a row of brothels near London Bridge were licensed by the then Bishop of Winchester, the rents to be paid by each woman being settled, and her compulsory detention forbidden.³ As time went on the municipality replaced the Church as the provider and the custodian of these brothels. In 1383 they were acquired by the Lord Mayor of London and farmed for the benefit of the Corporation. They are stated to have been closed in 1566 at the demand of the citizens. In judging these medieval conditions we must remember the general state of society and the possibilities of reforming the inmates which may have influenced the clerical brothel-keepers. In the attempt to substitute official supervision and control for private management, to abolish private profit and use the money received for the public weal, we are reminded of the passing wave of opinion in Great Britain in favor of disinterested management for the Drink Traffic, that is, management by a public authority. The creation of a vested interest in vice was a hindrance to the abolition of brothels, as it must also be to that of drink saloons.

Following on clerical came municipal control of prostitution; then in this country came the centuries during which there has been private ownership of brothels combined with more or less police supervision.

The attack of the State on prostitution, to the extent to which it has been pursued, has been largely directed to protecting women and girls, to the prevention of procuration, to

³ *British Encyclopedia*, quoted in "Prostitution: The Moral Bearings of the Problem," P. S. King & Son, 1917.

an increasing age limit for consent, and to the suppression of brothels as inadequately defined by the law.

CONTROL OF VENEREAL DISEASE BY PERSONAL SANITATION?—One of the chief motives of legal action against prostitution has been the prevention of venereal diseases and of the terrible devastation of family life produced by these diseases. Lecky expresses an actual fact in stating that “in all nations, ages, and religions, a vast mass of irregular indulgence has appeared which has probably contributed more than any other single cause to the misery and the degradation of man.” Historically, efforts to prevent prostitution by prohibiting brothels, by proscribing procuration, and by preventing solicitation, have been remarkably feeble, and in the last forty or fifty years have, to a large extent, been replaced in Great Britain by the narrower effort to prevent venereal diseases by the sanitation of prostitutes. The unsuccessful attempts to control venereal diseases in specific seaports and garrison towns by the Contagious Diseases Act, 1864 (amended in 1866 and 1869, and repealed in 1883), form part of this history. The surveillance and medical examination of prostitutes instituted by these Acts did not succeed in giving “an artificial security to promiscuous fornication”; and the attempted segregation and disinfection of prostitutes failed because it was only able to be applied to a minority of women needing it, and because their male associates were not, and in the main could not in practice be, similarly treated.

NEW LINES OF ACTION.—This is a chief reason why action on these lines must necessarily fail; and when the Royal Commission on Venereal Diseases was appointed in 1913 to inquire into the prevalence of venereal diseases in the United Kingdom, their effect upon the health of the community, and the means by which these effects could be alleviated or prevented, the proviso was added that “no return to the policy or provisions of the Contagious Diseases Acts of 1864, 1866, or 1869, is to be regarded as falling within the scope of the inquiry.” It is significant, further, that the Royal Commis-

sioners, when reporting in February, 1916, expressed the unanimous opinion that in their view "no advantage would accrue from a return to the system of those Acts." The broad character of their conclusions may be indicated. They regarded it as established that by early and efficient treatment venereal diseases can be brought under control and reduced within narrow limits; and they recommended that for this purpose the Government should take the leading part in what was a great national problem, providing expert facilities for diagnosis and treatment, the expense of which should be borne mainly by the National Exchequer; and that by educational work the seriousness of these diseases and the importance of sexual hygiene and morality should be the subject of detailed instruction.

THE GOOD ACHIEVED BY MEDICAL MEASURES.—Following on this report, a system of free expert diagnosis and of free clinics for the early and systematic treatment of venereal diseases has been established in every considerable center of population in Great Britain. Vast numbers of patients have been treated; much valuable work has been done to counteract the serious extension of the ravages of these diseases during the Great War; and the statistics of these clinics indicate that already the prevalence of venereal diseases has somewhat declined.

The sources of infection, especially of syphilis, have almost certainly been reduced by the educational propaganda, and especially by the prompt and efficient treatment of cases; and the system of gratuitous and confidential treatment in publicly provided clinics of all comers has justified its existence. It needs extension in various directions. Without infringing on the essential principle of privacy, it will be practicable to employ skilled attendants at the clinics, whose duty it would be to aid in securing uninterrupted attendance of patients, to inquire into family histories, and judiciously to secure the treatment of "contacts." In the investigation of the causation of still-births and in cautious help to families

a member of which has acute ophthalmia or interstitial keratitis, or some other evidence of syphilis, there is a large field as yet almost completely untilled, in which invaluable work on medical lines remains to be done. Nor does the above imperfect summary exhaust the possibilities of utility of medical and hygienic work, both in treatment and in instruction, which, although already begun, needs to be multiplied manifold.

In the United States corresponding measures have been actively pursued at many centers, and in some directions, especially in the department of family and social inquiries, important new avenues of work are being explored. The possible utility of compulsory notification of each case of venereal disease is not here discussed.

A HIGHER RANGE OF PREVENTIVE POSSIBILITIES.—But while fully appreciating the great possibilities of extending good work on present lines, there remains a sphere of preventive work, which, although both medical and hygienic in the highest sense of these words, transcends the general scope of present work, and is supremely important.

This is no less than the creation of a higher general conception of sexual morality than is generally held. As matters now stand, and even more so in past ages, the prostitute, as Lecky has phrased it, “herself the supreme type of vice, is ultimately the most efficient guardian of virtue. . . . She remains, while creeds and civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people.”⁴ The partial protection of the purity of family life by the prostitute is adequately recognized; and in Mrs. L. Creighton’s words: “It has been said with justice that if it be true that the prostitute must exist in order to preserve the purity of other women, then she should be given a highly honored place as one who sacrifices her very self for the good of society.”⁵ It is intolerable, especially to women, that a

⁴ Loc. cit., p. 119.

⁵ *The Social Disease and How to Fight It* (1914).

social system should continue which rests on the degradation of some of its members, and which incidentally destroys the health and happiness of innumerable families; and the present high position of women in our national life embodies our greatest hope of purification. The steady uplifting of women must help to consolidate and maintain the purity of the family as the central unity of the State.

The gradations from promiscuity to polygamy, from monogamy with open concubinage to a reduced amount of this, on to our present position of general monogamy with frequent thinly veiled concubinage and prostitution, are well known. The need for preserving the integrity of the family gave some surface justification for the anomaly in moral history which visited the frailty of women with extreme severity, while the frailty of men was regarded with levity; but the difference between the sexes in sexual passion, pleaded in extenuation of this difference, is probably less than is alleged.

MONOGAMY OR PROMISCUITY?—Medical and public opinion in civilized communities concur in the conclusion that the lifelong union of one man and one woman as a rule is the most conducive to the happiness and the moral elevation of the partners and of their children. For many, the decay of dogmatic theology has removed the arguments for monogamy which were regarded as authoritative; but there can be no doubt, whether from the Christian or from the independent standpoint, that whatever diminishes monogamy and deteriorates the family life based on monogamy is anti-social and anarchic in its trend.

It must be confessed that modern conditions of life have increased the difficulty in maintaining the integrity of married family life. Marriage is increasingly delayed by a large portion of the community, without pre-marital chastity on the male side, and the increasing limitation of number of children may operate to some extent in the same direction. An increasing proportion of women are earning their inde-

pendent livelihood; and modern progress has diminished the need for women in domestic life. Machinery has destroyed many former domestic industries of women, replacing them by factory employment. The needle and the distaff have been replaced by the factory; and in many circles it has become difficult to secure adequate female domestic service. We may hope that earlier marriages will again become more common, and that to this end young women will be willing to accept simpler conditions of life than at present they demand. But in view of the magnitude of the evil wrought by promiscuity and especially by prostitution, there is, whether earlier marriages are secured or not, urgent need for fortification of the motives to sexual restraint.

TRAINING IN MORAL INHIBITIONS.—We need not and should not minimize the value of the active propaganda directed to acquainting the public with the evils of venereal disease and with the elements of sex hygiene, and of the active measures to secure disinfection and cure of patients already suffering from these diseases. All this is to the good, and its benefits are already visible. But we need to consider whether on the psychological, including the moral side, all is being done that can be done, and whether by improved methods of training and education the position may not be greatly improved. The diminishing hold of the Churches on the moral instruction of the people, and especially of the young, obliges one to look to parents, to elementary and secondary school teachers, and to the press and allied agencies for possible improvement in the near future. That their teaching will, in the main, be the same as the non-dogmatic element in the teaching of Churches is undoubted, but it is necessary to note the change in the center of responsibility, although the Churches still hold in their hands a largely undeveloped and supremely important rôle in the same sphere.

MORAL INHIBITION OR DISINFECTION?—The object in respect of each child is the formation of character competent to secure the moral inhibitions which are necessary in a civi-

lized and Christian community. What has modern psychology to say on this? If there is no hope of increased control over irregular sexual passion, then preventive medicine must necessarily fall back on disinfection to diminish the present gigantic toll of disease due to promiscuity and prostitution. Even in present circumstances disinfection is preferable to the propagation of disease, and no physician when advising a patient in his personal capacity would feel justified in withholding from a dissolute person information, action on which might prevent him from acquiring and subsequently transmitting disease. But to spread such information, and especially to make it available generally for adolescents, not only means creating a sense of security from consequences often not justified, but also must tend to increase promiscuity and to weaken and debase still further the higher motives and restraints on which ultimately we must depend for the abolition of these social diseases.

The real remedies consist in an altered environment for the adolescent and adult, and in fortification of the moral self-control of the child.

THE VALUE OF PUBLIC OPINION.—Our environment consists largely in current social opinion, which still tacitly condones and assumes the necessity of the double standard of morality for the two sexes. The small army of prostitutes take their vengeance on society by infecting the moral as well as the physical nature of the families of the community; for the personal degradation of men and of their associates in vice implies moral as well as physical suffering for virtuous women and their children. In spreading moral and physical infection the casual and partial prostitute possibly exerts an even greater influence than the professional prostitute.

The need for a changed public opinion in this respect is urgent. Public opinion can produce moral miracles, as seen by its effect on lying and thieving and by its increasing potency against drunkenness; and there is evidence that unchastity can be reduced by the force of public opinion.

Backed by public opinion, the more rigorous enforcement of laws against brothels and against procuration, the increased guardianship over persons with mental and moral defect, the abolition of alcoholism, and improvements in housing and in the industrial circumstances of women, all may be made to help to the desired end.

Still more can be done by more open and general advocacy of the single standard of sexual morality, by an altered attitude of parents and guardians to young men who have "run the pace," and by the realization on the part of young women of the terrible risks they run from marriage with a "man about town." This statement does not exhaust the possibilities of social action, but enough has been said to illustrate that public opinion may be made an important factor in the prevention of unchastity as in the prevention of other forms of glaringly anti-social conduct.

It may be said that for some men continence is impracticable. That this is seldom if ever so, is fairly certain, especially if the training in childhood and youth indicated below is adopted. As Lecky puts it: "Moral differences are much more due to differences of temptation than to differences of self-restraint."*

We can take courage from the facts of history. In the last century the slave problem has been settled, and we now see the alcoholic problem in process of solution. Can we not hope that similar though slower success may attend efforts to reduce sexual irregularity? We were told that a people cannot be made sober by Act of Parliament; but the history of Great Britain during the Great War demonstrated that statutory regulations can be made to produce an enormous reduction of drunkenness and the evils associated with it. And similarly, an improved social environment, including public opinion and judicious training of the young, can be made to reduce unchastity within narrow limits. We

* *Loc. cit.*, vol. II, p. 153.

can scarcely hope to stop sexual vice entirely; but the trade of prostitution can be made infinitely more difficult, our literature can be purified, intelligent instruction in sex hygiene and ethics can be given, and in various ways the influence of "good form" as well as of Christian principle can be invoked on the side of chastity.

The action indicated in the preceding paragraphs mainly consists in the treatment of the phenomena of this great social disease. We dare not—and it would be anti-social conduct to attempt it—minimize the importance of action on these lines. Let me give a further illustration of this in what happens when a syphilitic patient receives early and adequate treatment. The anti-syphilitic treatment destroys the immediate infectivity of the patient, and even if he continues in unchastity, the risk of further spread of infection is greatly reduced. Treatment of those already sick is one of the most important of preventive measures; and we need never fear that belated measures are entirely useless. Results and causes, treatment and prevention, interact, and at every stage the chain of evil can be stayed.

BEST PREVENTION IS NOT *AD HOC*.—But a more hopeful and a more permanently effective means of preventing venereal diseases is open to us, a measure which has the further advantage of not being a means *ad hoc*, but one which is equally potent in preventing other diseases resulting from self-indulgence and in elevating character—an even higher end than the prevention of disease. This consists in the building up of character in such a way that it becomes easier to resist the impulses of the storms of passion to which all more or less are exposed.

In work to this end we at once face the problem of the child's possibilities as influenced by the frequently assumed fixity of inherited character on the one hand, and his plasticity to environment on the other hand. Either of these opposed views involves an enslavement, incompatible with its opposites, and neither of them permits, for the mass of

mankind, scope for the individual's own acquisition of moral character. When a broader view is taken, however, it is seen that in moral as well as in physical matters, in respect of character as well as of health, each of us in large measure selects his own environment, the product of this (in part) personally selected environment being limited by the initial potentialities at birth. The idealist standpoint, which is that of the hygienist and the social reformer, is that the higher parts of human nature are comprised in and can be developed from the lower, and that the impulse and direction of evolution of character is personal in its origin.

The chief fault of scholastic education as commonly practiced is its neglect of the emotional side of human nature and its mainly intellectual appeal. In the building up of character we know that emotion is the chief spring of character, and that the power to govern emotion is determined chiefly by training in early life.

PERSONAL CHARACTER.—In the growth of individual character, as McDougall has suggested, there are three levels of conduct, successive stages needing to be traversed. In the first stage the infant acts instinctively, any modification in action being influenced only by pleasures or pains. This is the stage of barbarism.

With development of the child, and similarly in the history of civilized communities, the influence of the social environment and of religious beliefs comes into play, and rewards and punishments begin to modify and control instinctive action. It is difficult to estimate to what extent in past times the fear of punishment in a future life has been an effective check on immorality; but even when it was potent, it had, like whipping for a wayward child, relatively little moral effect. Like other forms of moral coercion it “involved a certain moral pauperization”;⁷ and in building up character a higher method and nobler motives are needed. Control by fear is necessary in some stages of civilization, and for

⁷ *The Elements of Moral Justice*, Professor L. T. Hobhouse.

some men in all stages of civilization; and for this reason, and apart from it, it is desirable to disseminate information as to the maleficent effects of venereal disease. Similarly, in the regulation of society, the fear of punishment for crimes against the person or against property must continue to be important.

To attain the third level of conduct, in which the best personal behavior and social attitude are secured, conduct must be directed, controlled, and modified by an ideal, towards which the intellect is steadily directed, and to the attainment of which the fundamental human instincts interacting with the intellect are trained.

Selfish, personal, and, therefore, anti-social conduct is on the plane of the instincts. In the second and still more in the highest plane intellect is in process of conquering instinct; and the great object of education of each child is systematically to influence his instinctive tendencies by means of his social environment, thus shaping unselfish out of selfish conduct.

The instinctive love of the mother for her child is invaluable for moral training when she is imbued with the right ideals and can intelligently train her child in their cultivation.

Instincts alone cannot be trusted unless voluntarily controlled and regulated, for in the various complexes of communal life they fail to appreciate the needs and rights of others. An instance of the importance of ideals may be taken from the dangers of venereal diseases. A young libertine on the verge of promiscuous relations often cannot be stopped by knowledge of the risks he incurs. In the crisis of urgent temptation, instinct, impeded though it may be by alarm as to consequences, urges indulgence without any efficient check. So also social opinion as to the turpitude of vice may fail, if there is reasonable hope that the lapse of conduct can be concealed. The danger of being found out is a valuable motive to the extent to which detection is probable.

A further motive is found in the ideal of the continuity of life, and in the risk, not so much to the vicious person but to his future spouse and children. "Playing the game" is a motive of considerable value in the maintenance of sexual morality.

But sexual morality is not a thing apart. Neither hygiene nor morality can be kept in water-tight compartments. From the standpoint of both hygiene and morality the great lesson is that control over vice in time of stress is gained by the systematic exercise of control in less significant times. The ideal needed is that of religion, including education spiritually in an ideal of social responsibility. The sense of social responsibility is outside the range of instinct, though for each individual it has to be constructed from the basis of elementary instincts by means of home and school education, aided by the invaluable social inheritance of organized society from generation to generation. Such an ideal strikes at the root of selfishness, which is the chief cause of loss of health. It is on a higher plane and infinitely more effective than the self-centered appeal directed solely to the prevention of disease, whether this be syphilis, tuberculosis, or alcoholism—three of the greatest banes of humanity. And this idea of social responsibility is biologically true, for it arises out of the nature of life, and it is essentially Christian. For each of us forms a link in the chain of life; a beneficiary, biologically and socially, through his inheritance of life; and a trustee, who is responsible for the continued integrity and quality of the life received, and for giving to it such a social environment as shall conduce to the passing on of possibilities of health and usefulness.

DYNAMICS OF CHARACTER.—We are thus led to consider the dynamics of character. How is it formed? This is the real problem to which the previous paragraphs are preliminary, and for the solution of which we look to the balanced psychologist and educator. We require, in Bain's words, a man who is "capable in a crisis of mobilizing his whole strength without conflict of motive or failure of control"; and we need,

perhaps more urgently than any other need in modern life, knowledge and appreciation of the possibilities of character-training in the light of knowledge of child psychology.

The infant is entirely governed by instinct; but those inhibitions to instinctive action out of which character grows can be, and commonly are, developed earlier in life than is generally recognized. The excretory functions form a familiar example: in early infancy they can be brought within limits of time and space. An example of development of inhibitory power in even earlier infancy consists in the training of the infant to wait for three or four hourly meals. If crying is followed indiscriminatingly by the offer of the mother's breast, frequent crying is ensured; but if crying fails to secure a too hurried meal, the infant quickly learns to wait the normal time. Thus in earliest infancy the judicious mother is giving to her child the first lessons of postponement of pleasure, i.e., of self-control, on which character is based.

In the next two or three years of life self-centered attempts to monopolize every toy, or action in some other direction which, in the adult, would be described as selfish and anti-social, can similarly be controlled by the parent in a manner which serves to build up a socially tolerable character. It is at this time of life that trails are being blazed, and the initial direction is being given to the motive forces of adult character; and as the child learns to practice self-control in childish life he is making straight his adult path of chastity and sobriety. It is by the power acquired through persistent practice in minor matters that temptation can be resisted when it comes as a whirlwind.

In thus forming the character of the young child, it is the daily influence of the parent, and especially of the mother which counts most. Not direct teaching, but indirect teaching, especially by example, ensures success, trial and effort, failure and success, all being made to conduce to the same end.

Altruistic action, which makes communal life tolerable,

is made possible by suppression of the baser auto-centric instincts and their replacement by emotions which are hetero-centric. Action at any given time is conditioned by the historic past of each individual, hence the limited utility of auto-suggestion in the moral life. Psycho-analysis is self-centered and largely anarchic in its influence, and it leaves out of the problem of human conduct its most important element, viz., the ideal which reaches towards the fulfillment of the two Great Commandments, on which the highest character is based.

Much of the success in child-training consists in surrounding children with stimuli—physical, biological, moral—which will serve to build up reactions able to carry over the child safely into adult life; and the most important stimuli to this end are supplied by the conduct, more than by the direct teaching of mother and nurse, of father and older brothers and sisters, and of school teachers and associates.

Play is among the most valuable means to moral discipline. The unregulated play of childhood is an important factor in the growth of the will. Thus physical education is a mental discipline; and it is in the family group and in the play group in childhood that the springs of right action are dealt with at their source. Play has been well described as the nursery of virtue. The child is imitative and absorptive of the thoughts, feelings, and actions of others. Imitation leads to functioning; and functions being repeated, prejudices, habits, ideals, good or bad, are formed. Do we sufficiently realize that thus the moral character of our children is continuously being framed, and the traditions and culture of the community are being handed on, as the result of the impressionableness, the sympathy, and the imitativeness of the children?

The exposition of this subject in detail demands the skill of the teacher who is a psychologist. It is through repeated practice that the complex adjustments of life are perfected or perverted; and there is no magic in Freudian philosophy or psycho-analysis, or otherwise, which can replace the slow

and steady upbuilding of character, begun at birth and almost complete when adolescence is reached.

With puberty, and often earlier, the individual becomes the battle-ground of an additional set of forces. The sex-instinct becomes the greatest of driving forces in shaping the personal destiny; and the need for control is even more urgent than in the ego-centric instincts of earlier life. In earlier life repression is brought into play, and barriers against untimely actions are erected. It has been well said that "civilization, like education, depends in no small measure upon the ability to postpone the satisfaction of desires to appropriate times and places, a postponement which recedes more and more as the cultural demands of the herd make themselves felt." The development and organization of interests aid postponement of sex-impulses, but the self-control gained before adolescence is the best safeguard of rational conduct and against the slavery of blind impulse.

In the formation of good habits, judicious instruction in the facts of life can be brought in aid. It is regrettable that in the past all sexual knowledge has been regarded as "nasty," and that the enlightenment of the adolescent has been from tainted sources. The remedy for this is not class instruction, but individual counsel and advice, preferably by the parent, if she or he has the intelligence and tact to satisfy the questionings of children as they arise, consistently with modest reticence. To assume, however, that knowledge in itself will have much effect in diminishing venereal disease is contrary to wisdom. Improvement must come in the main through influences which strengthen character and not by the imparting of scientific information.

In the preceding discussion of the psychical basis of moral control the case of the normal child has been considered. There are, however, children of exceptional types, whose training—and, when this has been neglected, their reclamation—presents exceptional difficulties. Intelligence may be high and the elements of character deficient, or, conversely, with a high character there may be a low order of intelligence, and

such children present problems of difficulty. These conditions may be innate or the result of defective environment. Each difficult case requires a separate analysis, and the social treatment of children with intellectual or moral defect must be based on accurate knowledge if moral hygiene is to be successfully applied.

REVIEW.—The general position embodied and emphasized in the preceding review of this many-sided subject is that complete success in eliminating venereal diseases from the community is to be achieved only by moral means, and that in the final issue the abolition from our midst of one of the greatest scourges of humanity must depend on an increasing realization, by every parent, teacher, and indeed of all adults, of their responsibility in the training of the young, and on action based on this realized responsibility, beginning in earliest childhood and continuous throughout childhood and youth.

There is an essential difference between this method of prevention of the most preventable of diseases and the method which is based on instruction in processes of cleanliness and disinfection—competent it may be, but often failing to render sexual promiscuity safe from the risk of acquiring disease. The moral argument for chastity is alone consistent with the strength, beauty, and joy of an admirable life; though it is occasionally necessary to deal with the incontinent in tender pitifulness, which is a faint reflection of the care which the mother bestows on her infant before he has learned to control his excretory functions.

To sum up: in efforts against venereal diseases there is needed extension of our present educational propaganda and of all existent facilities for the diagnosis and treatment of disease. The individual libertine, impervious to wiser, carefully preferred advice, may even be instructed individually in means for reducing the risk which he is about wilfully to incur. But our main dependence must be, and the banner under which we shall eventually conquer will be, that of a higher ideal of life, rendered possible by persistent training in right habits of life in which we must all take our share.

THE PROBATION DEPARTMENT IN ITS RELATIONSHIP TO THE VISITING TEACHERS AND THE WOMEN'S DIVISION OF THE POLICE DEPARTMENT *

ELVA M. FORNCROOK

*Director, Women's Division, Probation Department, Recorder's Court,
Detroit, Michigan.*

Social service in its application to behavior problems is in its infancy. The work of all agencies represented on this program has been made possible only by the long and hard fight for them on the part of small socially-minded groups who have been in advance of the general community, which is even now prejudicial and punitive in attitude.

Each agency has a heritage of misunderstanding and even antipathy, and each is surrounded, now, by an atmosphere quite generally opposed to the program which social service offers. The punitive feeling of the community has been least strong against the juvenile, for, because of his youth, he is considered to have less responsibility. It has been possible, therefore, to socialize the law dealing with juvenile offenses. Juvenile probation, accordingly, has had a longer service, has developed more rapidly and has had more freedom in treating behavior problems from a purely social viewpoint. The adult offender does not fare so well in the community estimation and, hence, progress is very slow for his treatment necessitates compliance with a more exacting law which places emphasis upon legal technicalities which are often at variance with treatment from a social viewpoint. For example, the feeble-minded juvenile may be handled by the Juvenile Court in a purely social, nonpunitive way, and his

* Read at the Conference of the National Probation Association, Toronto, Canada, June 24, 1924.

transfer to a school for the feeble-minded may be immediate, but in the adult court the feeble-minded boy of seventeen will have to go through the complex system of the court, examination and trial, before any attention may be given to his state of feeble-mindedness, and then there is more legal machinery and a transfer to another court.

Each agency represented, here, has a difficult problem in adjusting its program between what is ideal and what is practical, for, always, we must keep the community with us. Even the visiting teachers have the same difficulty in fitting their program into an educational scheme which is academic. Educators will consider much of this program as outside the function of education.

In the colleges and the universities, emphasis upon the accumulation of knowledge becomes so great that personality difficulties and personality development receive little attention. The disfavor with which college faculties look upon practical courses in sociology, as beneath the dignity of higher learning, is an expression of the general disdain felt in academic centers for social service. There is a tendency to divide girls into two groups, delinquent girls and college girls, with no conception that the groups are overlapping. It will be seldom that a Dean of Women will be found so socially-minded that she will help a probation department, as a Dean has done, recently, in carrying out an educational program by recommending a girl's admission to the University and undertaking some guidance of her during her university residence.

Usually, we are not so fortunate. For example, a Juvenile Court girl was placed in the care of a mature teacher who was told the girl's story and asked to help in her readjustment. The teacher, however, resented the girl's presence and a transfer was necessary. The next teacher chosen was a young one who it was thought would be more sympathetic, but she was too interested and told all the other teachers the story and the girl became the object of an excited, unhealthy attention.

An adult girl who had been out of school a number of years, who had had no special training for anything and was earning her living as a chorus girl in a cheap dance hall, was influenced to consult a supervisor regarding special classes. This conference was a happy one and she was sent to a special teacher to make application. Here in a very impersonal manner, rather complex application blanks were given her. The girl became confused, wept, and said to her probation officer, "You are only trying to humiliate me by showing what I can't do. It's as foolish for you to try to make a student out of me as it would be for me to try to make a ballet dancer out of you," and the probation officer, who had no qualification for ballet dancing, decided that the girl was right.

We realize that the fault is somewhat with the system which is not sufficiently flexible to meet an individual need, but the greatest difficulty is met in the attitude of educators toward individuals who have not adjusted themselves properly to the system in the past, and whose program will require attention to personality factors. This makes education as a part of the probation plan almost always impractical. Study of probation records reveals that we are usually successful in making adjustments which concern the economic, health, or environment status, but that we significantly fail in providing recreation and education. This is due to the fact that facilities for recreation and education are associated with a complex, large municipal system not adapted to our needs, because of the lack of understanding of our problem. Dr. Bernard Glueck,¹ in discussing this problem, says, "The visiting teacher, because of her exceptionally advantageous position of being engaged in a task which is admittedly an enrichment and enlargement of her former task as teacher, should take full advantage of her opportunity to carry over to the educator the lessons she learns from the social and medical management of problems which arise in the classroom. To my mind, an earnest and intelligent ex-

¹ Dr. Bernard Glueck, *Some Extra-Curricular Problems of the Classroom*, p. 14.

ploitation of this opportunity carries a very great promise of a solution of the problem of education. Intelligently pursued, the enterprise of the visiting teacher in time is bound not only to affect educational procedure in a very constructive manner, but, what is more important still, through bringing into the classroom the spirit and method of social service, she will help to keep alive those interests which are so vital for the human side of education."

The probation department expects much from the visiting teachers in their preventive program, which is rich in the best that social science offers, but we hope that they will also be able to arouse an interest in the human side of education.

The women's division of police enters into an organization which is a prosecuting agency. The test of the women's division will be whether they can keep their social viewpoint in an atmosphere which tends on the whole to be punitive.

The most essential thing in the work of all these agencies is that we have a common spirit. Regardless of how we work or where we work, we should be parts of the same program actuated by a common motive. The program of the visiting teachers is very similar to that of the probation department, and has as its common purpose the study of a personality problem and an attempt at its solution. The police division, regardless of its classification as an agency preventive and protective to the community, will always have as social workers a spirit of helpfulness toward the individual offender, and we expect from them at the time of the arrest a conception of the arrest as the first step in a social program for the readjustment of the individual.

The probation department considers itself a social-service bureau serving the court. Its staff is appointed by the judges, who are its Board of Directors. This fact is significant in any study of the history of probation service, or in a forecasting of its future development.

Probation procedure can go no farther than the judges believe in it, and judges elected by the people can go no

farther than the community will permit them. A socially-minded judge is liable to be dubbed a "reformer" or an "uplifter" and the chance of further valuable service by a reelection becomes improbable. A social and humane point of view has crept into the courts from the advanced thought of private social agencies and from the intelligent and scientific point of view contributed by the psychiatrists.

The probation law was the first significant sign of a change in viewpoint. The law did not dictate a very large or broad plan of supervision as a corrective procedure, but it has made possible such a procedure. This development has come, largely, through the insight of the more intelligent judges and by the substitution of political appointees, usually with a punitive attitude, for social workers experienced in other fields and with a different attitude toward the whole problem. With these workers the law has developed from its purely disciplinary and punitive aspect into a social service. Such a development has come only as judges could see its worth and as probation officers could prove it. This has necessitated a very close relationship with judges and a very friendly giving and taking of ideas. The probation department through its investigations and recommendations for disposition is able to give to the judges what it believes it can do and cannot do. For example, one judge may feel that misdemeanor cases are scarcely worth bothering about on probation, particularly if we are going to carry out an elaborate program and keep extensive records. Another judge may feel that felony cases are too difficult for probation. Every judge is liable to have aversion to placing on probation for certain charges. Usually, the time of sentence is the only opportunity the probation department has to present a study of the individual as a whole and emphasize the court offense not as an isolated factor, but as a symptom of a personal maladjustment. By conferences or letters regarding suspension, the probation department is able to summarize the problem as it developed over a long period, to

state the program attempted and the degree of success obtained. For example, the probation department often wishes longer terms of probation than the ones given. A judge recently placed a girl on the charge of being drunk on probation for only three months. We found that she had been in serious difficulties before, that she had a tendency toward epilepsy and that she tried to forget her troubles by drinking. In our letter of suspension to the judge we mentioned our regrets that we did not have this girl longer on probation, gave our reasons and stated that she would probably need supervision indefinitely. In a large court, conferences and letters regarding individual cases are practically the only means of informing the judges regarding the development of the department, both as to changing ideals and as to procedure.

Sometimes, there are judges who regard the whole social program as fantastic and useless, and then the probation department has the task of compromising for a little gain and with much patience slowly proving itself. Usually, the judiciary, the final determining factor in progress of the probation department, is composed of both kinds of judges, and any new method moves slowly until all are convinced. Perhaps this has been a good thing in that it has kept our feet on the ground and made us prove ourselves at every point. However, it is probably due to this need of the interplay of ideas between the judges and the department and the necessity of the approval of the voting community, that probation after forty-six years is not yet firmly placed or standardized.

Departments are working experimentally and until recently independently. There is great variety of policy, of method, and of result. For example, statistics offered by different departments regarding closed cases as "improved" or "unimproved" vary from 65 per cent to 97 per cent. This may mean that different classes of individuals are being placed on probation, or that methods are better in some departments

than in others, or that there is a higher standard of closing as "improved" in some departments than in others. This is illuminating as it shows that even the probation department does not agree as to what the purpose of probation is.

Is our aim of probation complete reform? If so, the percentage of successful cases will be very small. Is it the amelioration of direct causal factors and, thereby, some improvement in the general social situation? If so, the percentage of success will be large. At the time of closing a case must the social program be entirely completed or well under way with a trust that the individual or some private agency will complete it? Does a new conviction terminate probation and does a violation commitment automatically follow, or may there be situations even with a new conviction when supervision may be continued with success? May a probationer not violate technically the terms of probation and yet remain so antisocial in attitude that closing the case as "not improved" is logical? No comparative study of the standards of closing cases has yet been made, and until we make it and unify our procedure statistics as to success are of little value.

There is great variety regarding recommendations for probation. Some departments limit by charge, by age, by mental condition, and by previous convictions. Other departments feel that these factors are only secondary and that recommendations should be based on the social history with no set limitations.

Programs vary from mere "reporting" to an intensive study of the individual in all his social aspects, an evaluation and a plan made according to the needs of each individual. Case records vary from a face sheet with a few scribbled notes to long records in narrative form. Office systems vary from a mere listing of cases placed on probation and closed to an elaborate system of recording technical and social factors including a statistical card purely for the purpose of research.

All this diversity means that we are very young as a department and even younger as a department functioning as a social agency. Can we standardize our work in relationship to so baffling and fluctuating a problem as human behavior? Attempts to do so have just been begun by comparative studies of various departments and by local and national conferences regarding results. This is illustrated by the program of this conference, on which appears more practical and technical subjects related to probation than before, and more reports of committees which have been making surveys as to personnel, standards, and methods. There is also a marked impetus toward publication which has been comparatively lacking hitherto. But we have yet a long way to go before there is unity of spirit, organization, or method.

The Women's Division of Probation of the Recorder's Court, Detroit, has attempted to function in a program for individuals of great variety. It is construing the probation law to empower the attempt of social adjustment for the great variety of women coming before the court. Therefore, in our recommendations to the judges we make no distinctions as to age, charge, previous arrest, or mental condition *per se*. We have chosen a policy of recommending suspended sentence in all situations where there is a chance of the court procedure, alone, acting as a deterrent against further offense, and have preferred to save our time for more difficult cases which need us more. We have, therefore, been supervising with a varying degree of purpose and plan, women ranging in years from seventeen to seventy; women ranging from high intelligence to psychopathic and feeble-minded; and women colored and white, foreign born and native, with the same social factors as determinants. A study of a year's work, from December 1922, to December 1923, showed our success to be 81 per cent, and assuming that our standards of measuring success are normal, the percentage is encouraging for such a program. But a more

detailed study of cases closed during the year April 1923, to April 1924, showing a success of 83 per cent, raised some pertinent questions.

Our least success was with our young girls from seventeen to twenty-one, the percentage of success rising as the age group rose; with our previous offenders; with our colored group, our mentally abnormal group, and our native born group. The least success, comparing misdemeanors and felonies, was with the misdemeanor group; the least success as to charge was with the common prostitute, the disturber of the peace, and the drunken groups.

What bearing will this study have on future recommendations of the department? Will it mean that we shall narrow our program to a recommendation for less difficult types, or shall we improve our supervision to meet their special needs? Does it indicate that we are still taking on probation young girls because of youth with little regard for other social factors, or must procedure be improved? In recommending probation for colored girls on the basis of the same social factors as for white are we forgetting that we may not have the same facilities in the community for supervision, especially as to environment, employment, and reëducation? Will we consider that a decrease from 86 per cent for the mentally normal group to 76 per cent for the abnormal group is a defeat for our program, or will we consider 76 per cent for an abnormal group encouraging and improve our supervision?

We have not yet had time to make an exhaustive search into the reasons for these findings, but certainly this study will have a definite bearing upon future recommendations and it is only by such a constant search as to success in supervision that we can arrive at any intelligent basis for recommendations.

Probation supervision will largely be determined by the kinds of women placed on probation. The basis of selection will constantly change according to the ability of the depart-

ment to handle successfully the women chosen. As we grow in our understanding of our problem and in our intelligence in handling it, recommendations will change accordingly. It is a fallacy to think that there is a static probation type and a nonprobation type. Selection is a most difficult process. It will always be essential that recommendations, from whatever source they may be made, shall grow out of either collateral experience in supervision or so close a participation in it that difficulties general to the department and specific as to cases are known—a participation so close that there shall be a constant checking between recommendations and results of the sentence imposed.

Further, the department will be what the vision of its director makes it. Probation officers are not as a rule analytical enough or of sufficient research point of view or they are too busy with details of work to accept readily innovations or more difficult tasks. A director who determines the policy and who recommends for probation must stand ready at all times to meet the discouragement of the probation officer, to tide over the difficult places by a helpful suggestion and by her own enthusiasm to carry her program through.

This discussion of the selection of probation cases leads to the subject of investigation, which is by far the weakest point of the whole court system. The term "investigation" is used vaguely, ranging from a brief pre-court interview with no verification, to an investigation, usually over an adjourned period, which attempts to deal with social factors intensively, and which is supplemented by verifications, examinations, and search for all factors available from all sources. A pre-court interview should never be termed an investigation. The statements of women, particularly immediately after arrest, are too unauthentic. No scientific comparison has been made between unverified information given at this period and verified information. It would be difficult as many individuals could not be located or would not give informa-

tion. But a comparative study of pre-court records of women who were later placed on probation or committed, with the records acquired after some verified information, would be possible and valuable. It is doubtful whether even for statistical purposes a pre-court interview is valuable.

Social factors are not admissible in the finding of guilt and are only pertinent after guilt is determined in a consideration of the form of sentence. We are getting away from the old punitive idea and are realizing that all forms of sentence, suspended sentence, fine, probation, or commitment, have constructive values and that any form of sentence should be given as the most logical means of helping the individual. The form of sentence is becoming more a matter of the individual and his social needs than the kind of offense and punishment for it.

The purpose of any investigation should be the finding of social factors which may be of help to the judge in determining the best form of sentence. A recommendation on a pre-court interview is an anachronism in social procedure. Courtroom observation of the rapidity with which judges have to hurry cases through is the most disillusioning and disheartening part of our work, as we realize that each case before the judge is an individual with a different personality and a different problem, and that the sentence must often be a quick judgment as liable to be fatal as helpful. Usually, the judges feel this keenly. The pre-court interview has been only a pretence or a makeshift to meet this difficulty.

Even the best investigation, including long social histories, medical examinations and verifications, is faulty, and the probation department is not satisfied, yet, with its best investigation. We are able to get technical social conditions such as the economic situation, etc., but we significantly fail, usually, to get at motives or at personality. We lack yet, that fine relationship which a physician has to his patient, and the confidence that such a relationship develops. Also, we lack knowledge of what to delve for and how to get it.

The best that we can do toward a personality study becomes much less satisfactory than the studies to be found of the same individual in a psychiatric clinic where there is more scientific knowledge and a different spirit. We so often found valuable information in the psychiatric clinic regarding a woman on probation, that we enlarged our outline for interviewing to compare with the outline of the clinic, and we have attempted, by sending members of our staff into the clinic for practice work and by frequent conference, to get information more scientific.

Investigation will change as we learn more. It will change as our standards of supervision change, and as we discover by study over a longer period significant omissions or errors. An investigation outline is determined and grows only as there is frequent change of ideas between investigators and supervisory officers. For example, our staff has weekly conferences regarding cases and problems. Here, probation officers and investigators have a chance to compare notes and to make suggestions. Our outline for investigation has grown very much out of these conferences.

There is a mistaken idea that investigation is a thing apart from treatment for the individual. It is inseparably bound up in it. By the time a thorough investigation is made, treatment is well under way. The most significant element of treatment is a favorable attitude of the defendant toward her problem. If she is willing to review her situation and comes to a realization of her present trouble in relation to her past and future, the investigation has had therapeutic value. Actual progress toward a program for health, employment, and environment are often made through an investigation.

The Juvenile Court arrangement is much more flexible than that of the adult court. In the Juvenile Court it is possible to make as extensive a pre-court investigation as an investigation on adjournment in the adult court. Recently a study of probation cases in the Juvenile Court of Detroit showed that there was usually lack of success in cases when a

constructive program was not actively entered into immediately after the placement on probation. Probation officers were given a choice either of carrying a small number of cases and making their own investigations, or carrying more cases and having their investigations made for them, and unanimously they chose to make their own investigations.

The ideal procedure is undoubtedly investigation and supervision by the same officer, but it becomes impossible for practical reasons in a large organization operating under the present plan of the adult court. The ideal situation would certainly be a finding of guilt and a transfer to an observation station where a complete examination could be made over a time found necessary for each individual. There is much diversity of opinion as to the legality of getting social factors before the finding of guilt. It is seldom possible to verify except by social registration. It is doubtful whether the present effort is worth while. Detention for a longer period than at present is practically impossible and the tendency is for a briefer holding.

Such a scheme of transfer for observation would necessitate investigation as to the safety of releasing on personal recognizance and of such factors as verification of residence, home ties, and employment. It would also necessitate a more humane plan of housing than our present jail system admits, with a tendency toward hospital organization or a small home plan by which suitable groupings could be made. The betterment of facilities for holding individuals for sentence has received, already, some attention and there are to be found valuable studies and recommendations regarding the subject. The holding of prisoners now in jail with little chance for observation, examinations, and initial treatment is a waste in the procedure of the courts.

Such a plan as transfer after guilt to an observation station for sentence may take time, but there are signs that it is under way. Among such signs is the chafing of some judges under the necessary haste of sentencing with a chance

of error. Recently a judge who hesitated to commit a young girl, read our complete history several times, called the girl before him a number of times, with the result that when he did commit her she was changed from a whining, begging girl to one who thanked him for his consideration and promised to do her best to justify the minimum sentence of six months which he recommended. Undoubtedly, all judges would prefer to be as sure and as careful in sentencing if time permitted. Other signs of a changing spirit are the use of the indeterminate sentence, with sometimes no recommendation as to time, which gives leeway for observation as to length of commitment; and the policy in some states, considering committed individuals as wards of the state, of transferring to the proper prison after study in a central place regardless of the designated prison stated by the judge in his sentence. It would be very wise if all social groups interested in making court procedure a constructive force to the individual could work toward the social ideal which such a plan presents. It should make no difference to a probation department how the probation officer under such a scheme would function. It is the right system and supervision will have to be planned to meet the need.

Undoubtedly, there is a movement toward social adjustment of behavior problems before court action is taken. Probably the Women's Division of the Police Department will use it more extensively in the future. Judges sometimes criticize a police officer saying "There is no use crowding the court with that kind of case." With precaution and good judgment it is possible for the police department to do much pre-court social adjustment. Department stores sometimes prefer to refer young shoplifters to a private social agency such as the Girl's Protective League rather than to bring court action. Social agencies can offer many examples of complaints brought to them for settlement where court action might have been sought instead.

Such pre-court adjustment has been used by some proba-

tion departments to a large extent, with the purpose of saving the judges' time and of avoiding the detrimental elements of court hearings. It has been especially applied to the cases of young girls, but it is doubtful that the court is the best place for such work. It would better be done by the Women's Police Division, or better yet by non-legal agencies, either municipal or private. The inclusion of such cases of young girls' problems in an agency such as the Girl's Protective League seems preferable. The Cleveland department stores have a tendency to refer young first offenders to a protective agency rather than to take court action against them. It may seem odd for a probation officer to urge that so much of court work could be done better by other social agencies, but any experienced probation officer who is a student of her work will advocate a purely social adjustment wherever possible in preference to court procedure.

Whatever change is made, however, should be made with a plan for treatment, for informal probation implies the experiment in handling the situation on a purely social basis, and such a situation will require some time to adjust. It is very important that such cases be handled by an agency equipped both to make an extensive investigation and to do some treatment work. The taking of the complaint in such cases with the necessity of transfer to another agency has elements which may be disastrous or make treatment more difficult.

In any meeting of this sort between agencies dealing with the same problems, if attempt at defining scope or functions is to be made, there must be a clear understanding regarding each agency as to the general program, the present status of each, the ideal toward which it is working, and the difficulties which it is meeting.

This paper is an endeavor to state very frankly the attitude of the probation department in these respects. In any consideration of our program the following factors are important: the organization of the department by which the

judiciary is the determining element and the probation department subsidiary; the necessary close relationship between the judiciary and the social agency so as to inspire confidence and growth by interchange of viewpoint; the inefficiency of determining sentence by a pre-court interview; the necessity of planning for a longer observation period with more attention to personality; the overlapping elements of investigation and treatment; the close relationship between selection for probation and supervision; the present need and attempt for research as to best methods; the placing of both investigation and treatment upon a more thorough and scientific basis; and in general, the application of the best social methods to the criminal offenders.

What the future of the probation department will be, it is difficult to forecast. Intelligent handling of the criminal has only just begun and we know little about it. All the agencies represented on this program are young. The visiting teachers' organization is only in its formative period, the women's police division is a mere infant, and the probation department is struggling with the uncertainties of its adolescence.

It is possible that there may be a change in program. All these agencies at their best have equal training and equal ability, and after all it matters little who does the work as long as it is done. Each of us now has a program scarcely begun and far below our ideal as to method or accomplishment. Each agency has a program already too big for it. We are all working on the same program of behavior, for it is the same problem wherever we touch it. We have not yet been sufficiently tested to know our strength or the real value of our contribution.

What is most essential is that we work with a common purpose. The determining of scope and functions is only secondary. Limitations will have to be made according to local needs. It may be possible in some communities that a visiting teacher may do the work of the probation officer; or

that the woman police officer may do the work of the visiting teacher or probation officer, and it doesn't matter much who does it so long as it is done with a common objective. It will only be by this local experimentation that we shall learn what is possible.

If we approach our problem realizing the magnitude of it and our inadequacy in meeting it, we shall have no difficulties. A common spirit toward our work, a humble attitude of mind as befits us and a friendliness that grows from sharing in a great effort will make future relationship safe.

THE LEAGUE OF NATIONS: INTERNATIONAL POSITION WITH REGARD TO PROSTITUTION AND THE SUPPRESSION OF THE TRAFFIC IN WOMEN AND CHILDREN *

DAME RACHEL CROWDY, D.B.E.

Director of Social Section, League of Nations.

PREAMBLE.—I should like to explain at the outset the position of the League of Nations with regard to traffic in women and children in order to remove any possible misunderstandings which might exist and to define more clearly what part, in my view, the League of Nations is called upon to play in solving the problems which are before you.

The League of Nations, as everyone knows, depends for its existence upon the Covenant. Its duties are defined by the Covenant; its fields of action are stated in the Covenant, and it cannot for one moment go outside the Covenant except by the universal consent of its members. Now, by Article 23 of the Covenant, the members of the League have entrusted it "with the general supervision and the execution of

* Address delivered before the Imperial Social Hygiene Congress at the British Empire Exhibition, Wembley, England, May 12, 1924.

the agreements with regard to traffic in women and children and traffic in opium and other dangerous drugs." The League then is primarily and officially concerned only with traffic in women and children. It cannot concern itself with prostitution, which is a domestic problem—and one by which every one of its members is faced—except in so far as prostitution concerns the international traffic in women and children, which it is its duty to combat by every possible means. I am, therefore, at pains to make the League's position clear at the outset, so that you may know at once its limitations and its strength. The League works through Governments and is in a certain sense the servant of Governments. It can tap sources of official information often not available, except by chance, to unofficial bodies, but it has an equally close bond with the voluntary organizations which are combating this traffic.

This much by way of explaining the functions and position of the League.

PREVIOUS HISTORY.—I will now briefly recapitulate what has been done in recent years to combat the international traffic.

Towards the end of the last century various voluntary organizations were formed in Europe with this object. In 1899, these organizations held a congress which resulted in the establishment of the International Bureau for the Suppression of Traffic in Women and Children.

The years 1899 to 1904 saw much private activity throughout Europe, partly as a consequence of the formation of this bureau, with the result that in the latter year the French Government convened a diplomatic conference, which drew up the agreement of 1904. This agreement, however, to which but few States adhered, was neither of so drastic nor of so comprehensive a nature as could have been wished, and accordingly, in 1910, the French Government convened a second conference. The resulting convention, which went somewhat further than the 1904 agreement, had been adhered to by sixteen States when the League was established in 1920.

It is the agreement of 1904 and the convention of 1910 to which Article 23 of the Covenant refers and of which the supervision of the execution was entrusted to the League.

It was soon felt, however, that both these instruments were inadequate to deal with the problem, with the result that the first assembly of the League of Nations dispatched a questionnaire to all Governments asking them for details of the measures taken to suppress the traffic in their respective countries and of the various problems directly connected with that traffic.

A third international conference, which was attended by thirty-four States, was held in Geneva in June, 1921, again under the auspices of the French Government. The conference examined the replies to the questionnaire and also considered the evidence furnished it by the representatives of various voluntary organizations. It embodied its conclusions in a final Act, which was later converted into a Convention by the second Assembly. This Convention has been signed by thirty-three States, eighteen of which have up to the moment ratified, and three States which have not signed the Convention have adhered to it. The new Convention is intended to supplement rather than to replace the earlier international acts relating to the traffic. More than one delegate to the conference bore witness to the remarkable effect of both the international Agreement of 1904 and the Convention of 1910, which, in those countries where they had been applied, had rendered the traffic difficult, dangerous, and unremunerative. The first article of the new Convention, therefore, prescribes that the High Contracting Parties, if not already parties to the Agreement of 1904 and the Agreement of 1910, shall ratify or adhere to them without delay. Of the new provisions in the Convention of 1921, the first is that the punishments prescribed by the Convention of 1910 for traffickers in women and girls are also made applicable to those who engage in the traffic of children of both sexes.

The Convention of 1921 requires the punishment of those

guilty not only of the offenses committed, but of attempts to commit, and, within legal limits, of acts preparatory to the commission of such offenses. The new Convention raised to twenty-one the age limit which in the earlier Convention had been fixed at twenty. Its provisions relating to extradition also went further than those of the Convention of 1910, for the High Contracting Parties have agreed that in cases where no extradition conventions are in force between them they will take all measures within their power to extradite or provide for the extradition of persons accused or convicted of the offenses specified in Articles 1 and 2 of the Convention of 1910. Further, the High Contracting Parties agreed to provide regulations for the supervision of employers' agencies and offices, in order to protect women and children seeking employment in other countries. In addition, an article dealing with the protection of emigrants was embodied in the new Convention.

The next step taken by the League was the constitution of a permanent committee, formed with the object of advising the Council on all matters relating to the traffic. This Committee has now held three sessions, in June, 1922, March, 1923, and April, 1924. It consists of ten Government representatives and five assessors or advisory experts appointed by the five principal international voluntary organizations for combating the traffic. Among the Governments represented on the Committee are France, Great Britain, Italy, Japan, and the United States, which, though not a member of the League, has none the less felt the Committee's work to be of such importance as to make it necessary for its Government to be represented upon it.

This is to date a short statement as to the international machinery which has been set up by the League to deal with the problem.

GROWTH OF INTERNATIONAL FEELING AGAINST THE TRAFFIC.—A brief consideration of the official action which I have just described will, I think, show the gradual growth of an inter-

national conviction—that white slave traffic should at all costs be suppressed, but that that conviction is growing stronger and stronger in the minds of Governments is more clearly shown by what I may term the inner working of the League's Advisory Committee. That Committee, as I have already said, is composed of Government representatives assisted by representatives of voluntary organizations in the capacity of expert advisers. Among those advisers or assessors as they are called, are to be found no less than four women, and I think it is a striking fact that governments (two of whom have also appointed women to represent them) have not only consented to but welcomed the coöperation of private bodies. The assessors are entirely free in the Committee to speak and to put forward whatever views they like, though they have not the right to vote. I do not think I am indiscreet when I say that the coöperation between the representatives of voluntary organizations and the official Government representatives on the Committee has invariably been of the closest and most cordial kind. It is inevitable that they should view the problem from different angles, but that has stimulated rather than prevented the search for a solution.

Further, the natural antipathy of the official mind to publicity has very rapidly given way to a recognition of the obvious need that any steps taken to combat this social evil must be made as widely known as possible. This is shown by the manner in which the Committee has held its meetings. During its first session in June, 1922, it sat in secret and the only account which appeared of its doings was its report to the Council, which was published together with the minutes of the Council, many months after the Committee had met. At its second session in March, 1923, the Committee still elected to sit in secret, but the report of its work which it furnished at the end of its session to the Council was read and discussed in public. At its third session last month it

held all its meetings in public, although many very controversial matters were discussed.

CONNECTION BETWEEN THE TRAFFIC AND STATE REGULATION.—As I have pointed out at the outset, it is not possible for the League to concern itself directly with the problem of prostitution, but only with that problem in so far as it is connected with the white slave traffic. Prostitution is a domestic problem as well as an international one, and States have so far dealt with it as a matter of domestic policy. There are, roughly speaking, two schools of thought with regard to prostitution: those who are in favor of its regulation, that is to say, of the segregation of prostitutes into a given area or into specified houses, their periodical medical examination or the police registration of prostitutes; and those who regard this system as ineffective, therefore useless, and against all the principles of civilization and humanity.

At the first session of the Advisory Committee only a small minority of the members desired that State regulation should be discussed since the general opinion of the Committee was that the regulation of prostitution had perhaps no direct connection with the traffic. At its second session, however, a marked change was evident. The majority of the Committee came to the conclusion that certain aspects of State regulation were within the Committee's terms of reference since the licensed house was said to provide a constant market for the traffic. The question was, therefore, discussed in private and the majority of the Committee adopted two resolutions: the first, recommending that a questionnaire should be sent to all members of the League, asking those States which have a system of regulation for a full report of its workings and results, together with a statement of the grounds on which it is advocated, and those States which previously had a system of regulation but have abandoned it, for a report of the reasons that led them to take this course and of the results which have followed their action; and the second, that a

general study of the conditions under which the traffic in women and children is carried on should be made on the spot.

At its last session in April, the answers to the questionnaire were before the Committee. They were discussed at a public meeting, and the most important of them included textually in the Committee's report to the Council. The replies to the questionnaire are by no means complete and I shall not attempt to draw any conclusions from them. I think, however, it is a matter of interest that I should lay before you a short summary of the more important of these replies in order that you may see the views of countries as far apart as Holland and Panama. I, accordingly, quote certain relevant passages.

Denmark abolished the licensed house system in 1901 and State regulation system in 1906, but this action was not taken as a result of experience or of observation connected with the traffic in women and children.

In Hungary, a system of State regulation and of licensed houses exists, but the Government is of the opinion that the severe measures taken to punish procuration prevent the possibility of licensed houses becoming a source of traffic. Hungary has prevented the registration of foreign women as prostitutes and is preparing a scheme for the uniform regulation of prostitution and the suppression of licensed houses.

In Sweden, no licensed house system has ever existed, but a system of regulating prostitution which was in force in some of the principal towns was abandoned in 1919.

Panama regards the system of regulation as essential to public health. "In our view," the answer states, "the greatest objection to regulation is the obvious contradiction which exists between the system of tolerance and the highest ends of the State, which from the ethical standpoint cannot but condemn prostitution and the traffic in women. But these considerations of a purely theoretical nature are not sufficiently cogent to prevent the recognition that prostitu-

tion is inevitable, and that its regulation in the interests of public health is a necessity."

Latvia abandoned the system of licensed houses for the following reasons: "As experience has shown everywhere, the number of prostitutes who can be placed in licensed houses is relatively insignificant. Consequently, prostitution in general can only be supervised in a very imperfect manner. Efforts to establish general regulations for the supervision of prostitution have thus proved of little use and the system of licensed houses, quite apart from the evils which the system engenders, has not justified expectations. This general failure of the system was taken into consideration when abolishing it."

In Belgium, the Department of Justice states, quoting the opinion of specialists, that "the system of State regulation, originally established as a measure for the protection of public health and as a guarantee of decency in large towns, has in no wise fulfilled, in these two respects, the expectations of its originators. . . ." "Alleging that licensed houses are recognized by the State—a claim which is in some sort borne out by the system of regulation—the proprietors of these houses constantly renew and change the inmates by admitting younger members, and by this fact, alone, they are a permanent factor in the traffic in women. Houses of this nature apply to special agents engaged in this type of recruiting. In addition, the inmates of licensed houses rapidly lose all will power and moral sense; having fallen to the last stage of abjectness, they are the constant victims of traffickers to a far greater extent than clandestine prostitutes."

The memorandum of the Netherlands Government explains the reason why the system of police regulation has been abandoned. It was realized, the report states, that the system of supervision in force did more harm than good, a view which has been confirmed by several international medical congresses. "As regards the connection between the abolition of licensed brothels and the international traffic in

women, Dutch experience has shown that the traffic depended on the existence of licensed brothels, and that their abolition has almost killed it. The agents of the proprietors of such houses could always count on licensed brothels taking the women and girls procured. Even in 1901 (two years before the actual closing of licensed brothels in Amsterdam) in the course of the inquiry held by the National White Slave Traffic Committee, it was proved that in fifteen months seventy-nine women had been engaged for and had been given employment in the three chief brothels in that city. Further investigations showed that many of these women were under age, and were entered in the civil registers under the names of women of full age, from whom the necessary papers had been obtained by the Paris agents of the brothel proprietors."

Poland gives succinctly the reasons for which licensed houses were abolished in 1922: "(1) Licensed houses constituted centers for the international traffic in women; (2) It was impossible to give assistance to prostitutes, owing to the fact that the inmates of licensed houses were materially dependent on the proprietors; (3) Large quantities of alcohol were consumed in those houses, thus contributing to the number of cases of the venereal diseases; (4) The bringing together of large numbers of prostitutes also tended to disseminate these diseases."

Czechoslovakia replied to the effect that the professional prostitute and the traffic in women were rendered possible by the existence of licensed houses. The clients of these houses constantly demanded fresh blood. In consequence, the dispatch of prostitutes from house to house is very frequent and the exchange of prostitutes is continuous. If licensed houses did not exist, traffic in women would be reduced to a minimum. The demand for fresh blood is above all active in countries where a system of State regulation exists. The Czechoslovakian Government further states that prostitutes in licensed houses contract venereal disease far more frequently than prostitutes living independently and are more sus-

ceptible to contagion. Statistics prepared by Dr. Sprk of Petrograd show that on an average a prostitute in a licensed house contracts syphilis after three years, whereas an independent prostitute usually escapes for five years. As a result of the higher degree of promiscuity in licensed houses the danger of venereal contagion is greatly increased. According to the Czechoslovakian Government, the argument that it is easier to regulate health supervision if a system of licensed brothels and state regulations is in force falls to the ground, because it has been proved by statistics that all prostitutes suffer from chronic gonorrhea and at least one-third of them from latent syphilis. The morbidity of prostitutes as the result of the venereal diseases is higher among those living in licensed brothels than among independent prostitutes. With regard to the economic condition of the inmates of these houses, the Czechoslovakian Government states that experience has shown that the inmate is a down-trodden creature, without rights of any kind, entirely at the mercy of the keeper of the house. Everything given to her is placed against her account so that she is always in the keeper's debt, and it is thus impossible, or very difficult, for her to abandon her position should she wish to do so. She may be described as an example of modern slavery. With regard to the effects of licensed houses on the general public, the Czechoslovakian Government states that it is well known that licensed brothels are for the most part frequented by youths of 20 years of age or even younger. They encourage depravity and cynicism among young people, and "it is an established fact that the venereal diseases are found among pupils in secondary schools in the sixth form and upwards."

I quote these replies because it seems to me that they are of great interest, but I beg leave to draw no conclusion from them. The evidence which the League has so far been able to collect regarding the system of State regulation is very far from complete. Important countries where the system of State regulation exists, such as France and Spain, and the majority of the South American States, have not yet replied.

The only conclusion which it does seem at the moment to draw is the fact that evidence regarding the effects of the system is fairly easily obtainable and, with the coöperation and good will of the Governments, it should not be difficult within a comparatively short time to arrive at a definite conclusion regarding the problem.

In passing, I might perhaps bring to your notice the interesting fact that it is especially the newly formed States such as Czechoslovakia, Poland, Hungary, and Latvia who appear to be concerned with the problem of prostitution.

EDITORIAL

TREATMENT FOR SEAMEN

The problem of venereal-disease control among sailors is an international one owing to the fact that these men travel from country to country and may carry their diseases almost anywhere. Therefore, from the standpoint of public health as well as from that of the individual sufferer, it would seem that the provision of treatment facilities might well be a subject for international consideration. That there is a general appreciation of this point is evidenced by the fact that as far back as 1918 the Office Internationale d'Hygiene Publique took under consideration the question of securing continuous treatment for seafarers of all nations infected with syphilis or gonorrhea. In 1920, at the International Labour Conference of the League of Nations at Genoa, the whole problem was discussed at a special meeting of the delegates convened under the auspices of the British National Council for Combating Venereal Diseases. As a result of this meeting, a set of resolutions was drawn up, adopted by the Conference, and circulated to all participant Governments. They called for:

1. The provision of adequate facilities for the prevention and treatment of venereal diseases at all the principal ports.
2. The inclusion of venereal diseases among the conditions for

which free drugs and treatment are provided for members of the Mercantile Marine.

3. The dissemination of appropriate information on the subject to seafarers, and especially to those at training establishments.

4. The provision of adequate facilities for recreation at all large ports under the administration of a joint organization representative of owners and seafarers.

As a result of these deliberations an international arrangement was proposed and the Belgian Government agreed to instrumentalize it. This arrangement provided for the creation and maintenance by the contracting parties "in each of their principal ports, whether on river or sea, (of) venereal services open to all merchant seamen or boatmen, without distinction of nationality." Up to now, eighteen countries have signified their willingness to sign the agreement and seven of them, i.e., Canada, Denmark, Great Britain, Italy, New Zealand, Netherlands and Sweden, have already opened free treatment centers. The Government of Brazil, although not among the eighteen countries mentioned, has joined in the opening of free centers.

In 1918 and 1920, when this matter of providing free treatment for seamen came up, the shipping interests of the United States were small and undeveloped. Hence, it is probable that an undue burden would have been placed on this country had it adhered to the agreement at that time. Now, however, conditions are decidedly different owing to the great increase in United States shipping interests and in the number of sailors employed by them.

Public-health authorities in some of the other countries which have established the free treatment centers have asked the United States to give fresh consideration to the question of adhesion to the international agreement, owing to the importance of the subject. This request seems a fair one and it is to be hoped that the Government Departments primarily concerned with the matter will give careful thought to the possibilities of our Government's participation in this public-health project.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX.*

TABLE OF CONTENTS

Social-Hygiene News and Notes.....	561
Association Notes	572
Book Review, Briefer Comment, and Publications Received.....	573
Social-Hygiene Bibliography	576

Austrian Women in the Fight against Venereal Disease.—Madame Gisela Urban, of Vienna, writes that in common with all countries which have been at war, venereal-disease infection has increased in Austria.

This condition caused the government to order the Society for Combating the Venereal Diseases to draw up a bill to wage more energetically the fight against this evil. Dr. Hedwig Fischer-Hofmann, chairman of the health commission of the Austrian Council of Women, and a specialist in venereal disease, was instrumental in composing this bill which was drafted two years ago. The Austrian women and all who are interested in public welfare hope that the government will soon proceed with the bill in order to end the irregular and uncontrolled situation, to offer a measure for the intelligent treatment of afflicted persons, to distribute popular instruction, and prevent further spread of the diseases. So far this hope has not been realized and the Austrian Council of Women is attempting again to bring the bill before Parliament. The Council arranged first, a conference for discussion of the proposed bill by the persons concerned in its preparation, by the board of the Council of Women, and by delegates from other women's organizations, in order to be able to put complete suggestions before the government. It was stated that the principle issues of the bill which is aimed at prevention rather than punishment are: the equal standard for men and women regarding examination and treatment, the restricted duty of notification for doctors, compulsory examination and treatment of afflicted persons who refuse treatment, the treatment of the poor at public

expense, the punishment of infected persons who knowingly endanger the health of others (or aid such endangering) with the exception of married persons who infect one another. One can be punished only on demand of the individual who has been infected.

The debate also brought out the most important consequence of the bill, namely the abolition of police regulation which would automatically result if the bill is enacted and enforced. Medical authorities declared that police regulation does not prevent the spread of venereal disease and that it demoralizes and lulls the man into false security; that the vast increase in venereal disease is due to the communication of infection; and that the two sexes must be treated equally in this just as in any other contagious disease. The police, themselves, are said to have demanded the abolishment of regulation.

The question of prohibition of marriages for persons in an infectious state was thoroughly debated. This point was not settled and some believed that such a prohibition would lead to common-law marriage.

The conference closed with the acceptance of a resolution in which the government is requested to examine the bill and to act so that the law, so long overdue, may be enacted. The Austrian Council of Women has already submitted its resolution and it intends to carry on this agitation with great energy.

Keeping Fit Essay Contest.—The State Department of Education and the State Health Department have announced the second annual Keeping Fit Essay Contest which was started in the high schools of Mississippi on November first. Letters were sent to the County Superintendents of Education and to the Superintendent of every high school asking that each student be urged to enter this social-hygiene competition. Pamphlets on healthy, happy womanhood for girls and keeping fit for boys were furnished the contestants as textbooks, and special lectures were given to the girls and the boys in each high school which entered the contest. Cash prizes for the winning essays were donated by the Capital National Bank of Jackson, Mississippi.

Social Insurance in Bulgaria.—Maternity insurance, as well as other forms of social insurance, was established recently by law in Bulgaria. Insurance is compulsory for all manual workers and for other

employees in industrial and commercial establishments. Insured women are given medical or midwife's care during childbirth and a cash benefit of 50 to 80 per cent of their salary for a period of twelve weeks.

Club Concentrates on Helping the Underprivileged Child.—About a year and a half ago the Kiwanis Big Brothers, Incorporated, was formed by the Kiwanis Club of Vancouver, British Columbia, and the work for the underprivileged child has been carried on along three definite lines: educational program for the public; study and enactment of desirable child-welfare legislation; and rendering personal service to individual underprivileged children.

The first procedure emphasizes the importance of child placement in families rather than in institutions; the recognition by the public that the care of the underprivileged child is a responsibility of the government to be carried on and regulated by the government; and the importance of preventive work among subnormal and physically handicapped children.

Considerable time was spent in the study and discussion of child-welfare laws in British Columbia with the result that the Club has urged upon the government the more effective administration of existing laws and has stressed the necessity for the appointment of a full-time Superintendent of Neglected Children. In August, 1922, it was recommended that the rights of the child born out of wedlock be safeguarded and the mother be protected. On December 16, 1922, there was passed an Act to provide for the maintenance of children of unmarried parents. The Club also secured the enactment of a by-law whereby all juvenile street vendors under sixteen years of age must be licensed as a large number of juvenile delinquents came from this class.

The third classification of personal service embraces a large field and was divided into: (1) playing the Big Brother; (2) securing suitable employment for underprivileged boys and girls; (3) finding temporary homes in the country; (4) securing adoption homes; (5) financial aid to boys and girls that they may continue their educations; (6) finding suitable homes whereby country children may attend city schools; (7) giving vocational talks and direction to boys and girls; (8) giving treatment and bettering the condition of the

underprivileged children with physical defects. The Kiwanis Big Brothers materially aided 620 children within a fifteen-months' period and their work is going forward with the enlisted coöperation of many men and women outside of the Kiwanis Club who are helping to give the underprivileged child a "square deal." Interesting accounts of this undertaking appear in the June and September, 1924 issues of the *Kiwanis Magazine* published by the Kiwanis International.

Latest Public-Health Campaign.—The *Survey Graphic*, November, 1924, is devoted to "that newest and least understood of public-health campaigns—heart disease." It consists of a group of articles prepared under the direction of Haven Emerson, M.D., Mary Ross, and members of the staff of editors of *The Survey*, and designed to interest and educate the lay readers in heart disease.

Turkey Passes Law Establishing Monogamy.—The new Act states that the principle of one wife is essential to marriage; but if the first marriage proves childless, a man, through legal procedure, may take a second wife provided he can support her. The Young Turkish Party was agitating a change in the law as far back as 1898 and as the average Turk was finding it impossible to keep more than one wife, the new Act is supporting merely what has become a custom. Many persons who have studied social relationships in the East credit the change in laws more to economic conditions than to a general shift to monogamic ideals.

Playgrounds Cut Delinquency.—One reason cities are increasing their recreation facilities, says the Playground and Recreation Association of America, is that they have found that play under leadership will cut juvenile delinquency. The average cost to the taxpayer of keeping a child in a reformatory for one year amounts to \$439, exclusive of other costs. Reports of a falling off in delinquency cases following the establishing of recreation under leadership have been made by a number of cities during 1923. Not a single child was put on probation during July in Utica, New York, and Judge C. Penny of Miami, Florida, gave credit to the supervised play program for the fact that court cases in delinquency were reduced from twenty or twenty-five to only five a month in six months after the playgrounds were opened.

Resolutions of the League of Red Cross Societies.—The *World's Health*, June, 1924, published a full account of the third meeting of the General Council of the League of Red Cross Societies which opened in Paris on April 28, 1924. In addition to the representatives of the League of Nations, the International Labor Office, the International Red Cross Committee, the Order of Malta, and seven allied international associations, there were present Red Cross delegates from forty-six different countries. Of the thirty-eight resolutions made by the General Council, the thirty-first, dealing with the venereal diseases, is of particular import to social hygiene.

The General Council, considering the usefulness of an ever increasing coördination of all efforts in connection with moral and prophylactic propaganda and the favorable opinions expressed by the Warsaw Conference (April, 1923) and the Buenos Aires Conference (December, 1923) recommends:

1. That the National Red Cross Societies should collaborate in the combating of the venereal diseases, either by their direct action in their own country, or through the medium of the "Union Internationale contre le Péril Vénérien."

2. That a scientific knowledge of the prevention and treatment of the venereal diseases should be included in the program of courses for hospital and public-health nurses.

Social-Hygiene Program of the National League of Women Voters, 1924-1925.—The Committee states three reasons why women as voters are interested in social hygiene: (1) women are held responsible for sex offenses; (2) women are likely to be the innocent victims of infection; (3) women as voters can bring about a different order of things.

One of the main aims of all social-hygiene effort is the single standard of morals. The Committee's plan of work demands the removal of these legal and administrative discriminations against women which exist in criminal law and an understanding of the difference between crime and disease. After that, it may sponsor such educational and preventive measures as the community will provide, but there will be no single standard until measures which make the double standard legal have been swept away, and sex offenses imply two offenders on the statute books and in law enforcement. The keynote of the program is study and visiting, and each voter is urged to familiarize herself with the laws, to visit the courts, know conditions, know her authority, and then demand her standards. The Committee has published pamphlets on the following subjects recommended for study:

(1) criminal court procedure; (2) board of health procedure; (3) training in social hygiene for mothers and teachers; (4) provisions the community has made for recreation; (5) provisions for preventing juvenile delinquency; (6) probation systems and penal institutions; (7) the problem of sterilization of the unfit.

The following federal legislation is desired: (1) adequate appropriation to the Children's Bureau for collecting data on prostitution in its effect upon the welfare of children; and (2) adequate appropriation for the venereal-disease division of the United States Public Health Service.

State legislation should provide for: (1) vice-control laws that provide that those who profit by the business of prostitution shall be punished and that men and women shall be held equally responsible for sex offenses. The authorities should not be empowered to compel persons suspected of sex offenses to undergo examination for venereal disease before conviction, or to order periodical examination of women prostitutes; (2) Injunction and Abatement Law; (3) The Ouster Law; (4) Minimum age of consent eighteen years, applying to both sexes; and (5) adequate appropriations for state-health departments for the carrying on of broad venereal-disease programs.

Chili Finds Social-hygiene Films Useful.—At the request of the Liga Chilena de Higiene Social, the American Social Hygiene Association sent to them a large number of social-hygiene exhibits and motion-picture films. The Chili organization is at present engaged in translating, and in adapting the titles preparatory to showing the material throughout the country. Dr. Carlos Fernandez Peña wrote that these films and exhibits would prove of great educational worth and a valuable aid to the advance of the social movement in Chili.

American Education Week.—The Bureau of Education, Department of the Interior, Washington, D. C., designated November 17-23 to be observed throughout the United States as American Education Week. Each day was devoted to a special topic, Friday, November 21st, being Physical Education Day.

Annual Meeting of North Dakota Federation of Women's Clubs.—Of the various groups that reported at this Conference the child welfare committee recommended among other things, coöperation in the state

campaign for better birth registration and observance of child-welfare day in May. The committee on industrial and social conditions urged the appointing of a special worker to investigate and take care of feeble-minded cases and the establishment of a home for dependent children and those in danger of becoming delinquents in their present environment. The clubs will continue the study of social-hygiene problems and the drug evil.

Dr. Smyth, director of the Bureau of Venereal Disease, was quoted as saying that of the girls admitted in 1924 to the state training school, 80.86 per cent had been sexually delinquent and 35.29 per cent were venereally diseased. He also reported that the suppression of street carnivals has lessened sexual delinquency, and the federated clubs are trying to drive street carnivals out of the state.

Questionnaire to Public Libraries in Tennessee.—For the purpose of ascertaining just what opportunity the public libraries in Tennessee are offering the public to secure reliable information and instruction concerning social hygiene and sex education, the Division of the Venereal Diseases recently sent a questionnaire to the principal libraries in the state. Replies have been received from Nashville, Knoxville, and Chattanooga. Of these, the Lawson McGhee Library of Knoxville has the largest collection of forty-four volumes, the Chattanooga Public Library is second with seventeen volumes, the Main Branch of the Nashville Public Library has eight, and the East Branch has three volumes. Returns are still being received and the Division believes the experiment well worth while in that it has called the attention of librarians to the better literature in this field.

Calcutta Vigilance Association.—The *Shield* in its August-September, 1924, issue has published a report from this Association which includes the text of the Calcutta Suppression of Immoral Traffic Bill, 1923, the main points of which are:

1. To enhance the present penalties for solicitation and to include the term "abatement of solicitation" in the clause, thereby bringing within the range of the law those who infest the streets of Calcutta at night as touts for brothels.
2. To strengthen the hands of the authorities with regard to the discontinuance of a house as a brothel. At present, premises which may have been declared as a brothel, may be immediately reopened with new tenants for the same purpose.
3. To bring under the scope of the law, owners of brothels, even if not in

occupation. By this, the scandalous profiteering in vice on the part of certain landlords is directly aimed at. This is one of the most important clauses of the bill.

4. To strengthen the hands of the authorities in regard to taking charge of minor girls in brothels.

5. To empower the police to remove procurers, pimps, and such persons as traffic in immorality. Prostitution itself may be only a vice, but its exploitation for gain violates every conception of humanity and should be dealt with most severely.

The bill is a first step towards the elimination of brothel keeping and procuration, but the Vigilance Committee realize that the Indian brothel problem must be pushed to a thorough conclusion.

The Late Mrs. Ramabai Ranade.—That the women of India have lost a devoted leader in the death of Mrs. Ramabai Ranade, a prominent social worker and reformer, was told in the July *Social Service Quarterly*, Bombay, India, which also gave a sketch of Mrs. Ranade's life. At the age of thirteen, she was given in marriage to Mr. Justice Ranade who educated her in accordance with his own high ideals, both social and religious. This was so contrary to custom that it was only in her husband's room that she could enjoy intellectual freedom and satisfy her desire for learning, and because she attended classes to improve her knowledge the other women in the house became insulted and she was forbidden to touch them or any of the cooking vessels of the home. In 1901, her husband died, the greatest misfortune that could befall a Hindu woman. After his death, Mrs. Ranade decided to live as she had been educated and to follow the work of her husband. She started a Ladies' Social Club in Poona, accepted the presidency of the Seva Sadan Society (Home of Service), and became prominently connected with all women's movements in Bombay and Poona. The women of India feel keenly the loss of Mrs. Ranade but she has left them a splendid work to carry on.

The Georgia State Board of Health Reports.—Although functioning on less money than heretofore, the department dealing with the venereal diseases has accomplished more because of the educational work that has been done in previous years. Through letters, motion pictures, and health exhibits, over 73,000 people have been reached. Dr. Daisy Robinson of the U. S. Public Health Service lectured to

women's organizations throughout the state and Dr. Roscoe Brown, a Negro physician, did extensive work among the colored population. There are seven clinics located in the largest cities, and drugs distributed for the cure of syphilis amounted to 19,596 doses. The great need of this department is to have more money to extend these clinics and the educational work.

Grand Jury Recommends Inspection for Food Handlers.—That the consumption of canned salmon may be a menace to public health was brought out in the official report of the Alaska Federal Grand Jury, which found conditions appalling especially in the fishing districts in the western part of the Third Division and in Bristol Bay. It was found that the workers are starved and exploited by the contractors; that no adequate examination or inspection is made of men who have the actual handling of the fish products; that many men are addicted to the use of various narcotics, foremen of Chinese crews often handling and dispensing the drugs to the men; that revolting crimes of violence and immorality are common; and that several instances are reported wherein men having the actual handling of the salmon were infected with open syphilitic sores. As a result of these findings, the Grand Jury recommended among other things:

That a rigid inspection be required of cannery employees at the port of departure on the Pacific Coast to ascertain whether the men to be employed are infected with venereal or other diseases, and if found to be diseased or addicted to the use of narcotics, they be refused employment and not be taken to the fishing fields in Alaska; there are no inspectors within the cannery to guarantee the purity of the food product, such as is required in the meat packing plants in the states, nor is there any guarantee to the people who consume canned salmon that the product is fit for consumption and we, therefore, recommend that the government place inspectors in such canneries to inspect the condition of the fish packed and the cleanliness and sanitation of the employees, the machinery, and the buildings; we further recommend a stricter government supervision and inspection of the sanitary conditions under which the fish are packed and the employees who actually come in contact with the fish product while being packed.

Sir Ganga Ram's Widow Remarriage Society.—This society seeks to promote the remarriage of widows and a report of its progress, in the *Indian Social Reformer*, August 23, 1924, shows that enforced widowhood is losing its hold, especially in Upper India. Particularly notice-

able is the large number of remarriages taking place among Hindu widows of the highest castes. The total number of remarriages among all castes of Hindus during the year 1923 was 892 as compared with 453 and 317 in the preceding two years. The remarriages recorded in the Punjab, including Delhi and the frontier districts, were 669 against 353 in 1922, in a population of 36,682 widows under 25 years of age, so that if the number of remarriages in the Punjab increases every year at even half the present rate, it is estimated that in ten or twelve years not a single young widow will remain unmarried, compulsorily. In Bengal, Bombay, and several other localities, it was found that the society made but scant progress. There were 1412 Hindus, 335 more than in 1922, who applied to the society for remarriage with widows, about half of whom belonged to the two highest sub-divisions of the Hindu castes. The remarriage society conducts an enormous correspondence and publishes a quantity of free literature, printed in the different languages in India, and has also opened a boarding house for the accommodation of widows who desire to be married, as well as a widows' home, where young widows, who do not care to remarry, are being trained as teachers.

Illegitimate Birth Rate High in Virginia.—Virginia holds the record, according to Dr. W. A. Plecker, registrar of the State Bureau of Vital Statistics, of having the highest white illegitimate birth rate of all states in the registration area. In 1923, there were recorded in Virginia 63,438 living births, 3943 out of wedlock, of which 266 were still-births. Of the white mothers, one out of every forty-five was unmarried, while among the colored population, one out of every five and one-half living births was illegitimate. The total illegitimate rate for Virginia is said to be more than thirteen times and the white rate, separately, to be nearly five times as great as that of Rhode Island.

The Church and Social Hygiene.—A paper read by Canon C. W. Vernon, general secretary of the Council for Social Service of the Church of England in Canada, at the Annual Meeting of the Canadian Social Hygiene Council at Ottawa, December, 1923, ends with the following declaration:

And finally, because the Church believes in the supremacy of the spiritual, she is profoundly convinced that she has great responsibilities towards the whole social-hygiene movement of to-day, a responsibility to inspire its leaders with lofty spiritual zeal and devotion for their great White Crusade; a responsibility to interpret the greater knowledge of to-day in sex hygiene and sex psychology in keeping with her historic standards of the sacredness of personality in every case, of absolute continence and chastity before marriage and of absolute fidelity after that holy lifelong union has been solemnized and consummated; a responsibility to see that her parents, teachers, and clergy avail themselves in the training of the young, both of the deepest spiritual teaching on purity and marriage and of the best results of modern scientific knowledge upon sex, and that her social workers employ alike the riches of spiritual experience and of scientific knowledge in their preventive and rescue work.

Social-Hygiene Work in Orange, New Jersey.—Mrs. Thomas B. Rodgers, former chairman for Orange of the Social Hygiene Committee of the League of Women Voters of the Oranges and newly appointed chairman of the Social Hygiene Committee of the New Jersey League of Women Voters, relates, in the *Civic Pilot*, August, 1924, how the State Board of New Jersey was asked to institute a survey of the Oranges and to present the results to all the organizations in the Oranges in order to arouse their interest and coöperation. In January, 1923, Dr. Thomas W. Galloway, of the American Social Hygiene Association, spoke before a selected group of men and women and the American Social Hygiene Association was invited to make this survey. In April, Dr. Walter M. Brunet, of the Association, presented the findings together with recommendations covering the needs of the community. Realizing that social hygiene is deeply involved in public or community health, the active men and women of the Oranges organized, in accordance with the Association's suggestions, and proceeded to work along the lines of hospitalization, enforcement of existing laws or replacing them with better ones, and education.

Maternity and Infant Welfare Work in India.—In the whole of India, during 1921, an average of 197 out of every 1000 or no less than 1,538,937 infants died before they were one year old. This is brought out in an article by Miss G. M. Broughton, which appeared in the *Social Service Quarterly*, Bombay, India, for July, 1924, who further stated that in the cities, Poona ranks highest with an infant

mortality rate of 876 out of every 1000, while the lowest rate recorded is not under 200. The highest death rate among women is between the ages of twenty and thirty, and this is caused probably by maternal mortality due to the unbelievable practices of midwives who attend the vast majority of Indian women. To help combat this state of affairs the Victoria Memorial Scholarship Fund was established, but its funds are inadequate to carry out the gigantic task of reorganizing the practice of midwifery. The Provincial Governments have extended some efforts in this direction, and the Lady Chelmsford All India League for Maternity and Child Welfare was founded in 1920. A few enlightened employers have started maternity benefits and in India where employment of women before or after child-birth is not prohibited, there are some employers who make it possible for women to cease work for two months at that period, by giving them monetary aid and medical assistance.

ASSOCIATION NOTES

At the invitation of the Board of Managers of the New York State Reformatory at Bedford Hills, New York, and Dr. Amos T. Baker, Superintendent, Dr. Valeria H. Parker, of the Department of Protective Measures, and Dr. Walter M. Brunet, of the Department of Medical Measures, attended an all-day conference on October 28th arranged by the Committee on the Care and Training of Delinquent Women and Girls of the National Committee on Prisons and Prison Labor.

The meeting was held to discuss approved standards of diagnosis and treatment of venereal disease in institutions for women and girls and a committee was appointed to make a report of the minimum standards for the care and discharge of patients suffering from syphilis or gonorrhea. The report of this Committee will be sent to those taking part in the discussion for any additional information, suggestions or corrections.

* * * *

The second social-hygiene luncheon arranged by the Social Hygiene Committee of the Cuyahoga County Public Health Association, Cleveland, Ohio, was held on Monday, October 27th, at the Hotel Statler.

Mrs. Clive Neville-Rolfe, O.B.E., General Secretary of the National Council for Combating Venereal Diseases, London, England, who is undertaking a lecture tour in the United States under the auspices of this Association, was the principal speaker at the luncheon, her subject being "Social Hygiene and Eugenics." The meeting was attended by 180 persons and a special sub-committee was appointed to study the venereal diseases. Later in the day Mrs. Rolfe was the guest of honor at a tea given at the Woman's Club by the Daughters of the British Empire.

* * * *

During the week of September 22nd, Dr. Edith Hale Swift was a speaker on the social hygiene program held in Kansas City under the auspices of the Health Conservation Association. The film, "The Gift of Life," was shown to over 200 members of the Parent-Teacher Association followed by a lecture from Dr. Swift. The Social Worker's Conference had to turn away persons who were late in making reservations and the National Cloak and Suit Company were so impressed with the value of the lectures given to their employees that they have invited Dr. Swift to return as their guest for further lectures.

* * * *

On November 10th, Mr. George E. Worthington attended the Annual New York State Conference of Probation Officers which took place in Syracuse, New York, where he addressed the conference on "Standards for a Socialized Court for Dealing with Sex Delinquents." On November 13th, Mr. Frederick H. Whitin, General Secretary of the New York Committee of Fourteen, spoke in Syracuse at the New York State Conference of Charities and Corrections on the "Vice Repressive Law."

BOOK REVIEW

WOMEN AND LEISURE. A Study of Social Waste. By Lorine Pruette.
New York: E. P. Dutton & Co., 1924. 220 p. \$3.00.

Clearly and in succinct fashion the author depicts for us the position of women in the present social division of labor. Occupational

statistics are given to prove that only one woman in every five is gainfully employed and that of those who are so employed the greater number are engaged in serving other women in their homes in those tasks designated as domestic and personal service. In a day when our growing population is pressing hard upon the American standard of living this large number of unemployed women constitutes an actual social menace by the burden which their support in leisure occupations entails. Not only does society bear the burden of their leisure with increasing difficulty but these women whose "faces are marked by the strain of too much leisure" are themselves becoming soft of body and mind, cut off as they are from the mental stimulation which comes from purposeful activity. The outcome remains undecided. Shall society continue to support with increasing pain and sacrifice to itself these unemployed and unproductive members or shall new paths of activity be traced for them, paths which may lead to fields of greater productivity and presumably of greater happiness for all? If the latter course, there must be some relaxing of the rigidity of the *mores* in order to permit the needed adventuring into new fields of occupational activity. While the admission is made that the paths of greatest usefulness for the majority of women may yet lie in the maintenance tasks of home life, a plea is made for the social use of leisure time which results from limited families and the simplification of the tasks of home making.

The book is written in brilliant style and the conclusions follow logically from the scientific ordering of the facts set forth.

RUTH REED

WELLS COLLEGE.

BRIEFER COMMENT

CRIMINOLOGY. By Edwin H. Sutherland. Philadelphia: J. B. Lippincott Company, 1924. 643 p. \$2.50.

A textbook on Criminology containing a vast amount of material, citing many "cases" briefly, and with a selected reading list at the end of each chapter. It shows the progress that has been made in dealing with transgressors of the law and in the better understanding of the problems. It indicates, also, that labeling the criminal as feeble-minded or a pervert is but a slight part of understanding him.

ECONOMICS OF FATIGUE AND UNREST AND THE EFFICIENCY OF LABOUR IN ENGLISH AND AMERICAN INDUSTRY. By P. Sargant Florence. New York: Henry Holt and Company, 1924. 426 p. \$5.00.

The author who has done much work on the subject of industrial fatigue, presents a scholarly book on fatigue and unrest in industry. The text contains many tables and a full index adds to its value.

TIDES OF LIFE. Forty-fifth Annual Report of the Brooklyn Bureau of Charities. 1924. 29 p. \$0.00.

A very readable report of the year's work of the Brooklyn Bureau of Charities which not merely supplies relief of poverty and distress, but aims toward prevention and elimination of the causes of distressing conditions. Statistics are confined to two pages and under various headings show work done, while the text of the report tells the story which is made more graphic by many illustrations.

THE WAY LIFE BEGINS. An Introduction to Sex Education. Third printing. By Bertha Chapman Cady and Vernon Mosher Cady. New York: American Social Hygiene Association, 1924. 80 p. \$1.50.

To meet the demand for a simple, scientifically accurate book on the subject of the way plant, animal, and human life begins, the American Social Hygiene Association brought out several years ago *The Way Life Begins*. The book is written in an interesting and non-technical way, gives the facts about reproduction, and contains adequate illustrations. The increasing demand for this work has necessitated this third printing.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

CRIMINOLOGY. By E. H. Sutherland. Philadelphia: J. B. Lippincott Company, 1924.

INTERNATIONAL YEAR BOOK OF CHILD CARE AND PROTECTION. New York: Longmans Green and Company, 1924.

POPULATION AND THE SOCIAL PROBLEM. By J. Swinburne. New York: The Macmillan Company, 1924.

ROADS TO SOCIAL PEACE. By E. A. Ross. University of North Carolina Press, 1924.

WHOLESOME CHILDHOOD. By E. R. and G. H. Groves. Boston: Houghton Mifflin Company, 1924.

SOCIAL HYGIENE BIBLIOGRAPHY

Compiled by

THE NATIONAL HEALTH LIBRARY

MARY CASAMAJOR, *Librarian*

- CRUTCHFIELD, E. D., M.D. The treatment of syphilis in dispensary practice. *Southern medical journal*, 17: 767-71, October 1924.
- DRISCOLL, T. L., M.D. A study of three hundred syphilitics. *Virginia medical monthly*, 51:435, October 1924.
- GREENBAUM, S. S., M.D. and HARKENS, M. J., M.D. An experimental study of the prophylaxis of syphilis with arsphenamin, neoarsphenamin and sulpharsphenamin. *Archives of dermatology and syphilology*, 10:409-13, October 1924.
- HESS, B. Social hygiene work in Massachusetts. *Health journal* (Massachusetts tuberculosis league), 6:4, September/October 1924.
- HINES, L. E., M.D. Accidental malarial infection in syphilis of the brain. *Journal of the American medical association*, 83:1161-62, October 11, 1924.
- HOLLOWAY, J. W., Jr. Division of venereal disease control. *Health briefs* (Tennessee department of public health), 1:1-3, October 1924.
- LEWISOHN, LUDWIG. On love in marriage. *Nation*, 119:464-65, October 29, 1924.
- MARTIN, A., M.D. The question of the American origin of syphilis. *Urologic and cutaneous review*, 28:585-90, October 1924.
- NEILANS, A. Some notes on "prostitution." *Shield* (London), 4:157-66, August/September 1924.
- O'LEARY, P. A., M.D. Stigmas of late congenital syphilis. *Minnesota medicine*, 7:651-56, October 1924.
- The present status of the syphilis problem and the treatment of malaria. *International journal of medicine and surgery*, 37:407-9, September 1924.
- Proposed reintroduction of state-regulation of prostitution at Singapore, by a medical correspondent. *Shield* (London), 4:146-51, August/September 1924.
- PUGH, W. S. Venereal diseases—their prevention and control. *American medicine*, 30:521-25, September 1924.
- The report of the Singapore venereal diseases committee. With a criticism by the Association for moral and social hygiene. *Shield* (London), 4: 140-45, August/September 1924.
- SCHOLTZ, M., M.D. Skin syphilis as clinical entity. *California and western medicine*, 22:505-7, October 1924.
- SHIVERS, C. H. DE T., M.D. The clinical value of bismuth in the treatment of syphilis. *Archives of dermatology and syphilology*, 10:414-23, October 1924.
- Some nearly forgotten principles in the modern recognition and treatment of syphilis and the syphilitic. *Venereal disease information* (U. S. Public health service), 5:419-24, September 20, 1924.
- WEISS, R. S., M.D. and CONRAD, A. H., M.D. The incidence of syphilis at the Washington university dispensary and its relationship to economic conditions. *Archives of dermatology and syphilology*, 10:453-61, October 1924.

Index to Volume X, 1924

Journal of Social Hygiene

CONTENTS

BY AUTHOR, TITLE, AND SUBJECT

A star (*) in front of page reference indicates an original article

- Additon, Henrietta. The functions of policewomen. *321-28.
- Administrative progress in combating venereal disease. J. S. Lawrence. *33-40.
- Africa
Venereal diseases in French West. 433-34.
- Alaska
Federal grand jury recommends inspection for food handlers. 569.
All-community problem. 426.
All India social workers conference. 229-30.
- Allen, Mary S. To visit the United States. 222-23.
- American Social Hygiene association
Report on an inquiry on venereal diseases in private practice in Syracuse, N. Y. 267-77.
Ten thousand for the tenth year. 102-03.
- Associated out-patient clinics of the city of New York
The value of a follow-up system in a syphilitic clinic. H. A. Fisher. *474-94.
- Association notes. 123-24, 246-49, 377-78, 439-40, 506-08, 572-73.
- Atlanta
Social Hygiene Institute. 499-500.
- Atlantic City
"Policy of business folly." 104-06.
Vice in Atlantic City. 425.
- Austria
Austrian council of women in fight against venereal disease. 561-62.
- Australia
Notification of venereal diseases in Western Australia. 187.
- Bandit, The making of a. 296-98.
- Belgium
Venereal disease control in Belgium, 1924. 498-99.
- Bigelow, Maurice A. The established points in Social hygiene education, 1905-1924. *2-11.
- Bombay
Bombay widow marriage association. 240.
Child substitution case. 112.
- Boston university
Course on social conditions of the home. 498.
- Brazilian foundation aids government in venereal-disease control. 226-28.
- Brooklyn Hospital
The value of a follow-up system in a syphilitic clinic. H. A. Fisher. *474-94.
- Bulgaria
Social insurance. 562-63.
- Cady, B. C. and V. M. Way life begins. Third edition. 507.
- Cairo
National vigilance association. 224.
- Calcutta
Report of the Calcutta vigilance association. 567-68.
- California study of delinquent girls. 235-36.

Canada

- Social service council. Social hygiene lectures. 116-17.
- Social service council of Canada.
- Social hygiene resolutions. 371-72.
- Caste of the dancing girls. 370-71.
- Challenging of monogamy. 305-06.
- Character training, Sex factor in. M. J. Exner. *385-96.
- Chicago social hygiene conference. C. C. Pierce. *284-94.
- Child health day
- May day for child health. 225.
- Child labor
- Amendment. 306-07.
- The moral hazards of child labor. F. E. Johnson. *329-34.
- Child substitution case of Bombay. 112.
- Children and the motion picture problem. 309-10.
- Children, Foster home care for dependent. 434.
- Chili finds social-hygiene films useful. 566.
- Church and social hygiene. 570-71.
- Cincinnati social hygiene society.
- Sixth annual report. 223-24.
- Club concentrates on helping the underprivileged child. 563-64.
- Columbia university. Course in social hygiene. 366.
- Committee of fourteen. Annual report. 299-300.
- Common-law wife
- Alien law bars common-law wife. 434.
- Community survey. 177-78.
- Companionate and the family. M. M. Knight. *257-67.
- Congressional appropriation for venereal-disease control. 235.
- Control of venereal disease in the army of the Rhine. 111.
- Convention of women's clubs, Biennial. 373.
- Crowdy, Dame Rachel. The league of nations; international position with regard to prostitution and the suppression of the traffic in women and children. *549-59.
- Cumming, Hugh S. Social hygiene and public health. *65-73.
- Cummins-Vaile bill. 222.
- Curtis, Henry S. The relation of public recreation to problems of sex. *203-07.
- Daley, Mary Wood. Delinquents and sex education. *278-83.
- Dancing girls, The caste of the. 370-71.
- Daydreams of the adolescent girl, What's happening in the. L. Pruette. *419-24.
- De Moley, First national conference. 427.
- Decrease in the incidence of syphilis in France. 311.
- Delinquency
- "Delinquent girl" conference. 49.
- California study of delinquent girls. 235-36.
- Home life of psychopathic delinquents. 237.
- Playgrounds cut delinquency. 564.
- Social responsibility for the care of the delinquent girl and the unmarried mother. K. F. Lenroot. *74-82.
- Delinquents and sex education. M. W. Daley. *278-83.
- Denmark
- Progress in the treatment of venereal diseases in Denmark. 109.
- Disease surveys in Germany. 435-36.
- Divorces, Restrictions of American divorces in Paris. 117-18.
- Dixon, R. S. Social hygiene—an address intended for a professional medical group. *397-409.

- Economic aspects of Turkish marriage reform. 308-9.
- Editorials. 41-43, 104-7, 177-78, 218-21, 295-98, 363-65, 425-26, 495-96, 559-60.
- Editors of health magazine meet. 427-28.
- Educating for parenthood. M. W. Reeve. *449-60.
- Education in relation to prostitution. J. J. Heagerty. *129-38.
- Educational motion picture, The. 106-7.
- Eliot, Charles W. Ninetieth birthday. 186-87, 218-19.
- England
- Oxford Ophthalmological Congress. 376.
- Proposed legislation for the protection of children. 225.
- Social hygiene posters in railway stations. 374.
- Established points in social hygiene education, 1905-1924. M. Bigelow. *2-11.
- Eugenics, Oregon board of. 310.
- Exner, M. J. The sex factor in character training. *385-96.
- Facts plus ideals. 495-96.
- Falconer, Mrs. Martha P. Enters new work. 439-40.
- Family
- The companionate and the family. M. M. Knight. *257-67.
- Family life, New social ideals in. 365-66.
- Family life, Parliamentary bills affecting. 304-5.
- Fisher, Henry A. Study of the value of a follow-up system in a syphilitic clinic. *474-94.
- Forncrook, Elva M. The probation department in its relationship to the visiting teachers and the women's division of the police department. *533-49.
- Forum. 58-60, 241-46, 311-14, 440-44.
- Foster home care for dependent children. 434.
- Fox, Mrs. Edna P.
- Leave of absence. 437.
- A state social hygiene educational program. *26-33.
- France
- Decrease in the incidence of syphilis. 311.
- French West Africa, Venereal diseases in. 433-34.
- Functions of policewomen. H. Additon. *321-28.
- Gebhart, John C. Syphilis as a prenatal problem. *208-17.
- General council of the league of red cross societies. Third meeting. 565.
- Georgia
- State board of health reports. 563-69.
- Germany
- Disease surveys in Germany. 435-36.
- German youth movement. 228-29.
- Prostitution in the Rhineland. 368.
- Status of the illegitimate child in Germany. 45-47.
- Venereal-disease control in Germany. 369-70.
- Gonorrhea
- Locating the source of infection. 364-65.
- Hawaii
- Venereal-disease control in Hawaii. 300.
- Heagerty, J. J. Education in relation to prostitution. *129-38.
- Health education in Marshall County, West Virginia. 498.
- Health examination, Motion picture promotes. 116.
- Health magazine editors meet. 427-28.

- Health program of women students. E. H. Matzke. *89-101.
- Health week
New Zealand. 115.
- Heredity
Influence of unfavorable environment upon heredity. 230-31.
- Holoway, J. W. Social workers and prostitution. *193-202.
- Hooker, Donald R. Social hygiene and social progress. *20-25.
- Immigration
Immigration improvement suggested. 51-53.
- Illegitimacy
Eugenic aspects. 242-46.
Law for children born out of wedlock. G. E. Worthington. *164-76.
Legitimation of children born out of wedlock. 367.
Status of the illegitimate child in Germany. 45-47.
- Illinois social hygiene league. Activities of. 225-26.
- Imperial social hygiene congress. 186.
- India
All India social workers conference. 229-30.
The caste of the dancing girls in India. 370-71.
Indian Christian marriage problem. 431.
Liberal thought of social workers in India. 239-40.
Maternity and infant welfare work. 571-72.
Superstitions arising from ancient laws of hygiene. A. M. Pendleton. *361-62.
- Inspection for food handlers. Recommendations of Alaska federal grand jury. 569.
- International health board, Tenth annual report of the. 431.
- International migration service. 500-1.
- Italian national committee for the suppression of traffic in women and children, meeting of. 238-39.
- Jappy, Mme. Adouard Krebs. 231.
- Johnson, F. Ernest. The moral hazards of child labor. *329-34.
- Kahn precipitation test for syphilis. 375.
- Keeping fit essay contest in Mississippi. 562.
- Kentucky
Social hygiene work. 500.
- Keyes, Edward Lawrence. 121.
- Keyes, Edward L(oughbridge). 1-2.
- Kirkpatrick, E. A. Render unto Caesar. *461-73.
- Kiwanis, Big Brothers. Helping the underprivileged child. 563-64.
- Knight, M. M. The companionate and the family. *257-67.
- Knowing our neighbors. 42-43.
- Krebs-Jappy, Mme. Adouard. 231.
- Lawrence, Joseph S. Administrative progress in combating venereal disease. *33-40.
- Lanza, A. J. 301.
- League of nations: international position with regard to prostitution and the suppression of the traffic in women and children. Dame R. Crowdy. *549-59.
- League of women voters. Social hygiene work in Orange, New Jersey. 571.
- Legislation
Alaska federal grand jury recommends inspection for food handlers. 569.
- Alien law bars common-law wife. 434.
- Bill promoted by Austrian council of women. 561-62.
- Calcutta suppression of immoral traffic bill, 1923. 567-68.

Legislation—continued

- Child labor amendment. 306-7.
- Cummins-Vaile bill. 222.
- Law for children born out of wedlock. G. E. Worthington. *164-76.
- Parliamentary bills affecting family life. 304-5.
- Proposed legislation for the protection of children in England. 225.
- Turkey passes law establishing monogamy. 564.
- Wayward minor law of New York state. 301-3.
- Legitimation of children born out of wedlock. 367.
- League of nations
 - Report of the fourth assembly. 50.
- Lenroot, Katharine F. Social responsibility for the care of the delinquent girl and the unmarried mother. *74-82.
- Locating the source of infection. 364-65.
- Making of a bandit. 296-98.
- Mangold, George B. Social work and social hygiene. *12-19.
- Marriage
 - Bombay widow marriage association. 240.
 - Render unto Caesar. E. A. Kirkpatrick. *461-73.
 - Sir Ganga Ram's widow remarriage society. 569-70.
- Marshall County, West Virginia
 - Health education. 498.
- Maternity and infant welfare work in India. 571-72.
- Maternity and infancy act. First report. 430-31.
- Matzke, Edith Hedges. A study of the voluntary health program of the women students of the University of Missouri. *89-101.
- May day for child health. 225.

- Mental disease, Syphilis and. 370.
- Milbank foundation
 - Venereal diseases in private practice. Report of an inquiry in Syracuse, N. Y. 267-77.
- Minors
 - Wayward minor law of New York state. 301-3.
- Missouri social hygiene institute. 436-37.
- Missouri social hygiene society. Annual meeting. 236-37.
- Mrs. Warren's profession, Ban lifted on. 499.
- Monogamy, The challenging of. 305-6.
- Montreal
 - Montreal to bar objectionable magazines. 224.
- Moral aspects of social hygiene. Sir Arthur Newsholme. *513-32.
- Moral hazards of child labor. F. E. Johnson. *329-34.
- Morals bureau of Paris. C. Owings. *139-63.
- Motion pictures
 - Children and the motion picture problem. 309-10.
 - Educational motion picture. 106-7.
 - Motion picture promotes health examinations. 116.
- National conference of social work. 303, 428-29.
- National congress of mothers and parent-teacher associations. 307-8.
- National council for the unmarried mother and her child. 497-98.
- Annual meeting. 114-15.
- National health council. 301.
- National health series. 121-23, 219-21.
- National league of women voters.
 - Social-hygiene program, 1924-25. 565-66.
- National organization of public health nurses. Census of public health nursing. 240-41.

- National social hygiene conference for 1924. 438-39, 502-6.
- National vigilance association in Cairo, Work of. 224.
- Negroes
- An all-community problem. 426.
 - Illinois social-hygiene league. 225-26.
 - Syphilis as a prenatal problem. J. C. Gebhart. *208-17.
 - Syphilis mortality among Negroes. 429-30.
- Neville-Rolfe, Mrs. Clive. 112, 429, 495.
- New social ideals in family life. 365-66.
- New York school of social work. Program of vocational training for directors of policewomen units. 178-84.
- New Zealand royal society for the health of women and children. Health week. 115.
- Newsholme, Sir Arthur. The moral aspects of social hygiene. *513-32.
- North Dakota federation of women's clubs, annual meeting. 566-67.
- Ontario reformatories, Venereal diseases in. 115-16.
- Ophthalmological congress, Oxford, England. 376.
- Orange, New Jersey, Social hygiene work in. 571.
- Oregon's board of eugenics. 310.
- Osborne, Frank J. 428.
- Owings, Chloe. The morals bureau of Paris. *139-63.
- Oxford, England, Ophthalmological congress. 376.
- Paralysis
- Occupational and general paralysis. 47-49.
- Parent-teacher associations
- National congress of mothers and parent-teacher associations. 307-8.
 - Training for parenthood. M. W. Reeve. *449-60.
- Parenthood
- Educating for parenthood. M. W. Reeve. *449-60.
- Paris
- Morals bureau of Paris. C. Owings. *139-63.
 - Restrictions of American divorces in Paris. 117-18.
- Parliamentary bills affecting family life. 304-5.
- Peace plan. 41-42.
- Referendum on the American peace awards winning plan. 55-56.
- Pelc, Hynek J. 374.
- Pendleton, Anne Miltimore. Superstitions arising from ancient laws of hygiene. *361-62.
- Pierce, C. C. Chicago social hygiene conference. *284-94.
- Playgrounds cut delinquency. 564.
- Policewomen
- Courses for policewomen executives. 108-9.
 - English policewoman commandant to visit United States. 222-23.
 - The functions of policewomen. H. Additon. *321-28.
 - The probation department in its relationship to the visiting teachers and the women's division of the police department. E. M. Forncrook. *533-49.
 - Program of vocational training for directors of policewomen units. New York school of social work. 178-84.
 - Women in the service of the Vienna police. 369.
 - "Policy of business folly." 104-6.
 - Probation department in its relationship to the visiting teachers and the women's division of the police department. E. M. Forncrook. *533-49.
 - Program of vocational training for directors of policewomen units. New York school of social work. 178-84.

- Progress in the treatment of venereal diseases in Denmark. 109.
- Prenatal work
 Proposed study of syphilis in prenatal clinics. 376.
 Syphilis as a prenatal problem. J. C. Gebhart. *208-17.
- Prostitution
 All India social workers conference. 229-30.
 Education in relation to prostitution. J. J. Heagerty. *129-38.
 The league of nations: international position with regard to prostitution and the suppression of the traffic in women and children. Dame R. Crowdy. *549-59.
 Morals bureau of Paris. C. Owings. *139-63.
 Prostitution—a health or law enforcement problem. 363-64.
 Prostitution in the Rhineland. 368.
 Social workers and prostitution. J. W. Holloway. *193-202.
 Statistics of prostitution in Vienna. 114.
- Psychopathic delinquents, Home life of. 237.
- Prvette, Lorine. What's happening in the daydreams of the adolescent girl? *419-24.
- Public health campaign. Articles regarding heart disease in Survey Graphic. 564.
- Public health summer schools. 298.
- Quack in literature, The. 219-21.
- Questionnaire to public libraries in Tennessee. 567.
- Railway employees, Campaign among. 374.
- Ranade, Mrs. Ramabai. 568.
- Recreation
 Playgrounds cut delinquency. 564.
 Relation of public recreation to problems of sex. H. S. Curtis. *203-7.
- Red cross
 First Pan-American red cross conference. 185-86.
- Reeve, Margaretta Willis. Educating for parenthood. *449-60.
- Relation of public recreation to problems of sex. H. S. Curtis. 203-7.
- Bender unto Caesar. E. A. Kirkpatrick. *461-73.
- Repatriation of destitute or juvenile delinquents. 110.
- Responsibilities of the church for social hygiene training. 110-11.
- Reynolds, James Bronson. 54.
- Rhineland, Prostitution in the. 368.
- Rockefeller foundation
 Tenth annual report of international health board. 431.
- Rolfe, Mrs. Clive Neville. 112, 439, 495.
- Russia
 Saving syphilitic children in Russia. 313-14.
- Saving syphilitic children in Russia. 313-14.
- Sex delinquents
 Standards for a socialized court for dealing with sex delinquents. G. E. Worthington and R. Topping. *335-60.
- Sex education
 Chili finds social-hygiene films useful. 566.
 Delinquents and sex education. M. W. Daley. *278-83.
 Established points in social hygiene education, 1905-1924. M. Bigelow. *2-11.
 Facts plus ideals. 495-96.
 Georgia state board of health reports. 567-68.
 A method of sex education in the high schools. 120-21.
 Keeping fit essay contest in Mississippi. 562.
 The quack in literature. 219-21.

- Sex education—continued
 Questionnaire to public libraries in Tennessee. 567.
- Sex factor in character training. M. J. Exner. *385-96.
- Sex in education. 375-76.
- Sex in literature
 The new morality in modern fiction. 237-38.
- Sex morality among women, Changes in. 57-58.
- Sex problems
 Relation of public recreation to problems of sex. H. S. Curtis. *203-7.
- Shaw, George Bernard. Ban lifted on Mrs. Warren's profession. 499.
- Snow, William F. Appointed chairman of league committee. 187-88.
- Social agencies
 Social-hygiene movement in relation to community organization. E. Street. *82-88.
- Social conditions of the home. Course at Boston university. 498.
- Social hygiene
 An address intended for a civic organization. E. F. Van Buskirk. *410-18.
 An address intended for a professional medical group. R. S. Dixon. *397-409.
 The church and social hygiene. 570-71.
 Imperial social hygiene congress. 186.
 Indian national social conference. 239-40.
 Moral aspects of social hygiene. Sir Arthur Newsholme. *513-32.
 Mount Holyoke includes social hygiene in regular curriculum. 113.
 Social hygiene and public health. H. S. Cumming. *65-73.
 Social hygiene and social progress. D. R. Hooker. *20-25.
- Social hygiene—continued
 Social hygiene course at Columbia university. 366.
 Social hygiene movement in relation to community organization. E. Street. *82-88.
 Social hygiene posters in English railway stations. 374.
 Social work and social hygiene. G. B. Mangold. *12-19.
 A state social hygiene educational program. E. P. Fox. *26-33.
 Social-hygiene bibliography. 64, 128, 192, 256, 320, 384, 447-48, 576.
 Social-hygiene bulletin. 44-64, 108-28, 185-92, 221-56, 299-320, 365-84, 427-48, 497-512, 561-576.
 Social-hygiene council of Chicago. 232-34.
 Social-hygiene education. See Sex education.
 Social-hygiene exhibition
 Toronto social-hygiene exhibition. 119-20.
 Social-hygiene institute
 Missouri social-hygiene institute. 436-37.
 Social-hygiene institute in Atlanta. 499-500.
 Social-hygiene program of the national league of women voters, 1924-1925.
 Social-hygiene work in Orange, New Jersey. 571.
 Social insurance in Bulgaria. 562-63.
 Social responsibility for the care of the delinquent girl and the unmarried mother. K. F. Lenroot. *74-82.
 Social service council of Canada. 371-72.
 Social work
 Courses. 178-84.
 Kiwanis big brothers help the underprivileged child. 563-64.
 Social work and social hygiene. G. B. Mangold. *12-19.
 Social work, National conference of. 303, 428-29.

- Social workers and prostitution. J. W. Holloway. *193-202.
- Standards for a socialized court for dealing with sex delinquents. G. E. Worthington, R. Topping. *335-60.
- State social hygiene educational program. E. P. Fox. *26-33.
- Stepping stones to an improved law for children born out of wedlock. G. E. Worthington. *164-76.
- Stokes, John H. 301.
- Street, Elwood. The social hygiene movement in relation to community organization. *82-88.
- Study of the value of a follow-up system in a syphilitic clinic. H. A. Fisher. *474-94.
- Study of the voluntary health program of the women students of the University of Missouri. E. H. Matzke. *89-101.
- Sumner, William Graham. On modern marriage. 119.
- Superstitions arising from ancient laws of hygiene. A. M. Pendleton. *361-62.
- Switzerland, Venereal diseases in. 118-19.
- Syphilis
- Decrease in the incidence of syphilis in France. 311.
 - Kahn precipitation test for syphilis. 375.
 - Number of deaths traced to syphilis in Tennessee. 432-33.
 - Origin of syphilis. 311-13.
 - Proposed study of syphilis in prenatal clinics. 376.
 - Syphilis and mental disease. 370.
 - Syphilis as a prenatal problem. J. C. Gebhart. *208-17.
 - Syphilis in prenatal cases. 303-4.
 - Syphilis mortality among Negroes. 429-30.
 - Syphilitic children in Russia, Saving. 313-14.
- Syphilis—continued
- Transmittal of syphilis adjudged a crime in Vienna. 113.
 - The value of a follow-up system in a syphilitic clinic. H. A. Fisher. *474-94.
- Syracuse, N. Y.
- Veneral diseases in private practice, Report of an inquiry on. 267-77.
- Ten thousand for the tenth year. 102-3.
- Tennessee
- Number of deaths traced to syphilis. 432-33.
 - Questionnaire to public libraries. 567.
 - Venereal disease clinics in Tennessee. 434-35.
- Topping, Ruth. See Worthington, George E. and Topping, Ruth.
- Toronto social hygiene exhibition. 119-20.
- Traffic in women and children. Italian national committee for the suppression of traffic in women and children. 238-39.
- Traffic in women and children, Committee on. 187-88.
- Turkey
- Economic aspects of Turkish marriage reform. 308-9.
 - Law establishing monogamy. 564.
 - Turkey's unveiled women. 234-35.
- United States navy, Venereal disease control in. 221.
- Unmarried mother
- National council for the unmarried mother and her child, Annual meeting. 114-15.
 - National council for the unmarried mother and her child. 497-98.
 - Social responsibility for the care of the delinquent girl and the unmarried mother. K. F. Lenroot. *74-82.

- Utah, University of. Course in social hygiene. 507.
- Van Buskirk, E. F. Social hygiene. An address intended for a civic organization. *410-18.
- Venereal disease
- Administrative progress in combating venereal disease. J. S. Lawrence. *33-40.
 - Conference of Austrian council of women regarding. 561-62.
 - Notification of venereal diseases in Western Australia. 187.
 - Progress in the treatment of venereal diseases in Denmark. 109.
 - Report of an inquiry on venereal diseases in private practice in Syracuse, N. Y. 267-77.
 - Resolutions of the league of red cross societies. 565.
 - Venereal disease clinics in Tennessee. 434-35.
 - Venereal disease in Ontario reformatories. 115-16.
 - Venereal diseases in French West Africa. 433-34.
 - Venereal diseases in Switzerland. 118-19.
 - Venereal diseases in the United States and New York state, 1922. 44-45.
 - Venereal disease treatment for veterans. 24-42.
- Venereal disease. See also gonorrhea, syphilis.
- Venereal disease control
- Appropriation for venereal disease control. 295-96.
 - Brazilian foundation aids government in venereal disease control. 226-28.
 - Congressional appropriation. 235.
 - Control of venereal disease in the army of the Rhine. 111.
 - Georgia state board of health reports. 568.
 - Venereal disease control in Belgium, 1924. 498-99.
 - Venereal disease control—continued
 - Venereal disease control in Europe. 53-54.
 - The value of a follow-up system in a syphilitic clinic. H. A. Fisher. *474-94.
 - Venereal disease control in Germany. 369-70.
 - Venereal disease control in Hawaii. 300.
 - Venereal disease control in the United States navy. 221.
 - Vassar graduates and family life. 437.
 - Vice in Atlantic City. 425.
 - Vienna
 - Statistics of prostitution. 114.
 - Transmittal of syphilis adjudged a crime. 113.
 - Women in the service of the Vienna police. 369.
- Visiting teachers
- Probation department in its relationship to the visiting teachers and the women's division of the police department. E. M. Fornbrook. *533-49.
- Way life begins. B. C. and V. M. Cady. Third edition. 507.
- Wayward minor law of New York state. 301-3.
- West Virginia, Marshall County
- Health education. 498.
- What's happening in the daydreams of the adolescent girl? L. Pruette. *419-24.
- Worthington, George E. and Topping, Ruth. Standards for a socialized court for dealing with sex delinquents. *335-60.
- Worthington, George E. Stepping stones to an improved law for children born out of wedlock. *164-76.
- Women
- Health program of women students. E. H. Matzke. 89-101.
 - Women in the services of the Vienna police. 369.
 - Women's clubs, Biennial convention of. 373.

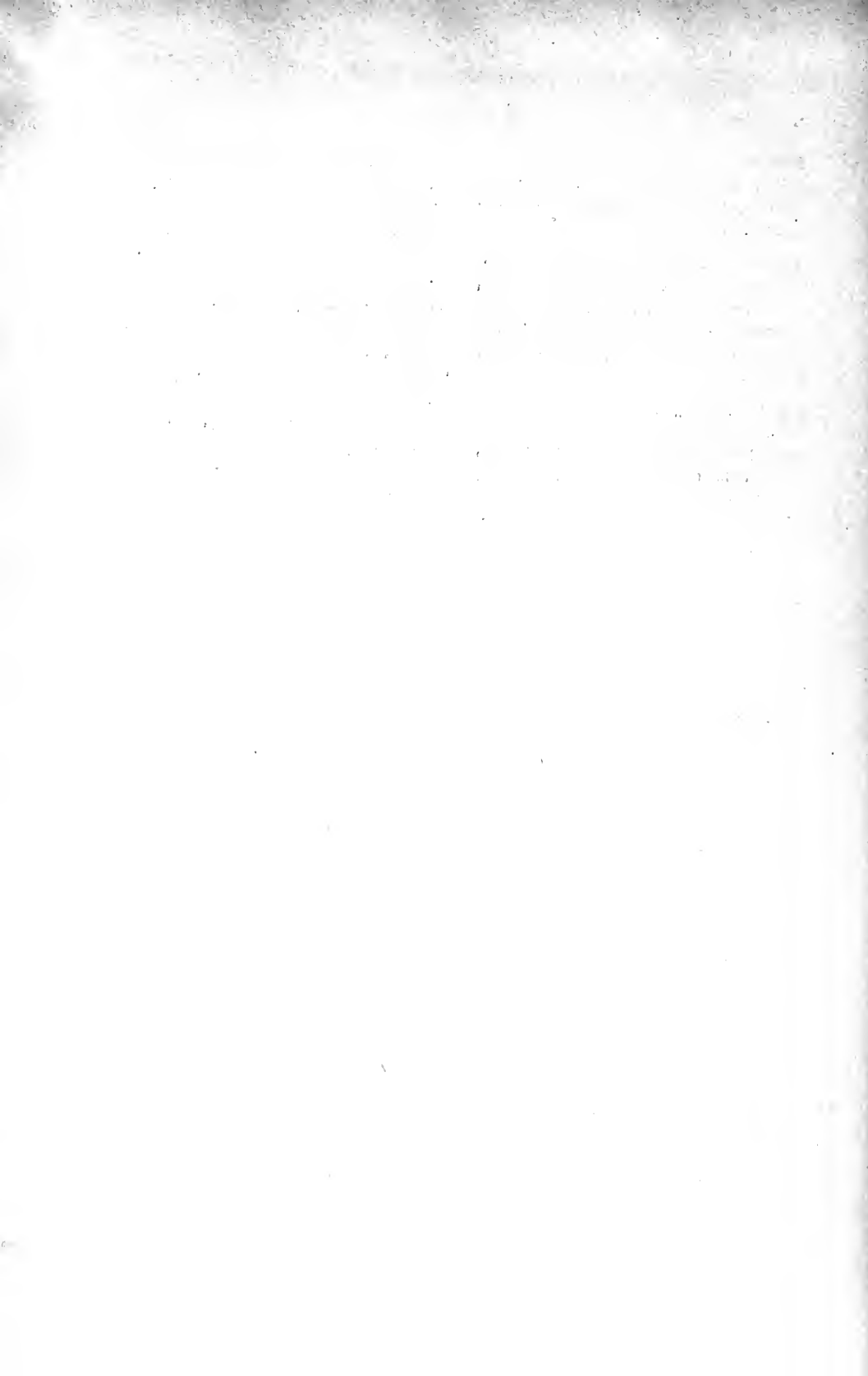
BOOKS REVIEWED

BY AUTHOR AND TITLE

- Adolescent interests. F. I. Davenport. 249-51.
- Bernays, Edward L. Crystallizing public opinion. 254.
- Bibliography of eugenics. S. J. Holmes. 191.
- Bookless lessons for the teacher-mother. E. F. Lynch. 127.
- Broadhurst, Jean. Home and community hygiene. 62.
- Brooklyn bureau of charities. Forty-fifth annual report. Tides of life. 575.
- Cady, Bertha Chapman and Cady, Vernon Mosher. The way life begins: an introduction to sex education. 575.
- Canadian social hygiene council. Venereal diseases. 63, 127.
- Criminology. E. H. Sutherland. 574.
- Crystallizing public opinion. E. L. Bernays. 254.
- Davenport, F. I. Adolescent interests. 249-51.
- Davenport, Isabel. Salvaging of American girlhood. 444-45.
- De Forest, Charles M. Hygiene for success. 445.
- de Selincourt, Hugh. One little boy. 378-81.
- Diseases which kill more women than men. Metropolitan Life Insurance Company. 383.
- Economics of fatigue and unrest and the efficiency of labour in English and American industry. P. S. Florence. 575.
- Evolution and significance of the modern public health campaign. C. E. A. Winslow. 125-26.
- Exner, M. J. What to read on social hygiene. 191.
- Falconer, Martha P. What to read on social hygiene. 191.
- Falk, I. S. The principles of vital statistics. 127.
- Family and its members. A. G. Spencer. 189-90.
- Florence, P. Sargent. Economics of fatigue and unrest and the efficiency of labour in English and American industry. 575.
- Galpin, Charles Josiah. Rural social problems. 510.
- Gray, A. Herbert. Men, women and God. 60-62.
- Hadfield, J. A. Psychology and morals. 188-89.
- Hamilton, Mary E. The policewoman, her services and ideals. 381-82.
- Health work for mothers and children in a colored community. 383.
- Holmes, Samuel J. Bibliography of eugenics. 191.
- Home and community hygiene. J. Broadhurst. 62.
- Hospital situation in Greater New York, The. Report of survey. New York Academy of Medicine. Public Health Committee. 510.
- How is your heart? S. C. Smith. 510.
- Hygiene for success. C. M. De Forest. 445.
- Innocents, The. H. K. Webster. 508-10.
- Introduction to the study of the mind. W. A. White. 510.

- Joint committee on methods of preventing delinquency. Three problem children. 316-17.
- Lay, Wilfred. A plea for monogamy. 315-16.
- Little blue books, The. Department of Health, Ottawa, Canada. 255.
- Lynch, E. F. Bookless lessons for the teacher-mother. 127.
- McAdoo, William. When the court takes a recess. 446.
- Mastery of fear. W. S. Walsh. 383.
- Memorias do Instituto Oswald Cruz. 62.
- Men, women and God. A. H. Gray. 60-62.
- Metropolitan Life Insurance Company. Diseases which kill more women than men. 383.
- Mind and medicine. T. W. Salmon. 446.
- Moore, Harry H. Public health in the United States. 191.
- Mosher, Celia D. Woman's physical freedom. 255.
- Mother, how was I born? M. Stopes. 127.
- National Conference of Social Work, Proceedings. 127.
- National Council for the Unmarried Mother and Her Child. Unmarried mother and her child in England and Wales. 511.
- New York Academy of Medicine, Public Health Committee. Hospital situation in Greater New York. 510.
- On the Venereal diseases in the Czechoslovak Republic. H. J. Pele. 251-53.
- One little boy. H. de Selincourt. 378-81.
- Pele, Hynek J. On the venereal diseases in the Czechoslovak Republic. 251-53.
- Plea for monogamy. W. Lay. 315-16.
- Poems of child labor. 446.
- Policewoman, her services and ideals. M. E. Hamilton. 381-82.
- Principles of vital statistics. I. S. Falk. 127.
- Pruette, Lorine. Women and leisure. 573-74.
- Psychology and morals. J. A. Hadfield. 188-89.
- Public health in the United States. H. H. Moore. 191.
- Runabouts in the house of health, The. 63.
- Rural social problems. C. J. Galpin. 510.
- Resumé du cours de perfectionnement en dermato — venereologie et urologie. 383.
- Salmon, Thomas W. Mind and medicine. 446.
- Salvaging of American girlhood. I. Davenport. 444-45.
- Selincourt, Hugh de. One little boy. 378-81.
- Smith, S. Calvin. How is your heart? 510.
- Spencer, Anna Garlin. The family and its members. 189-90.
- Stopes, Marie. Mother, how was I born? 127.
- Sutherland, Edwin H. Criminology. 574.
- Three problem children. Joint committee on methods of preventing delinquency. 316-17.
- Tides of life. Forty-fifth annual report of the Brooklyn bureau of charities. 575.
- United States Public Health Service. Venereal disease handbook for community leaders. 317-18.

- Unmarried mother and her child in England and Wales. National council for the unmarried mother and her child. 511.
- Venereal disease handbook for community leaders. U. S. Public Health Service. 317-18.
- Venereal diseases. Report of the Canadian Social Hygiene Council. 63, 127.
- Walsh, William S. The mastery of fear. 383.
- Way life begins: an introduction to sex education, The. B. C. and V. M. Cady. 575.
- Webster, Henry Kitchell. The innocents. 508-10.
- What to read on social hygiene. M. J. Exner and M. P. Falconer. 191.
- When the court takes a recess. W. McAdoo. 446.
- White, William A. Introduction to the study of the mind. 510.
- Winslow, C.-E. A. The evolution and significance of the modern public health campaign. 125-26.
- Women and leisure. L. Pruette. 573-74.
- Woman's physical freedom. C. D. Mosher. 255.
- Youth and the race. 63.



OFFICERS AND DIRECTORS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Honorary President: CHARLES W. ELIOT

President: EDWARD L. KEYES, M.D.

Vice-Presidents

MRS. JOSEPH T. BOWEN
ROSCOE POUND

WATSON S. RANKIN, M.D.
RAY LYMAN WILBUR, M.D.

Treasurer: JEROME D. GREENE

Secretary: DONALD R. HOOKER, M.D.

General Director: WILLIAM F. SNOW, M.D.

BOARD OF DIRECTORS

THOMAS M. BALLIET
MAURICE A. BIGELOW
FRANCES L. BISHOP, M.D.
JOHN M. COOPER
MRS. HENRY D. DAKIN
WILLIAM A. EVANS, M.D.
LIVINGSTON FARRAND, M.D.
RAYMOND B. FOSDICK
LEE K. FRANKEL
VERNON L. KELLOGG

MRS. JAMES LEES LAIDLAW
TIMOTHY N. PFEIFFER
GEORGE D. PRATT
WILLIAM F. SNOW, M.D.
MRS. ANNA GARLIN SPENCER
JOHN H. STOKES, M.D.
HARRY B. TORREY
C.-E. A. WINSLOW
HUGH H. YOUNG, M.D.
HANS ZINSSER, M.D.

Executive Committee

MAURICE A. BIGELOW
MRS. HENRY D. DAKIN
RAYMOND B. FOSDICK
TIMOTHY N. PFEIFFER

WILLIAM F. SNOW, M.D.
MRS. ANNA GARLIN SPENCER
HANS ZINSSER, M.D.
PRESIDENT and SECRETARY, *ex officio*

CONTENTS OF RECENT ISSUES

April, 1924

Social Workers and Prostitution.....	J. W. Holloway
Public Recreation and Sex Problems.....	Henry S. Curtis
Syphilis as a Prenatal Problem.....	John C. Gebhart

May, 1924

The Companionate and the Family.....	M. M. Knight
Venereal Disease in Private Practice.....	
Delinquents and Sex Education.....	Mary Wood Daley
The Chicago Social Hygiene Conference.....	C. C. Pierce

June, 1924

The Functions of Policewomen.....	Henrietta Additon
The Moral Hazards of Child Labor.....	F. Ernest Johnson
Standards for Socialized Court.....	George E. Worthington and Ruth Topping
Superstitions from Ancient Laws of Hygiene.....	Anne M. Pendleton

October, 1924

The Sex Factor in Character Training.....	M. J. Exner
Social Hygiene.	
An Address Intended for a Professional Medical Group.....	R. S. Dixon
Social Hygiene.	
An Address Intended for a Civic Organization.....	E. F. Van Buskirk
What's Happening in the Daydreams of the Adolescent Girl?....	Lorine Pruette

November, 1924

Educating for Parenthood.....	Margaretta Willis Reeve
Render Unto Caesar.....	E. A. Kirkpatrick
A Study of the Value of a Follow-up System in a	
Syphilitic Clinic	Henry A. Fisher



